THE PROVINCE OF GAUTENG

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PRETORIA
8 APRIL 2016
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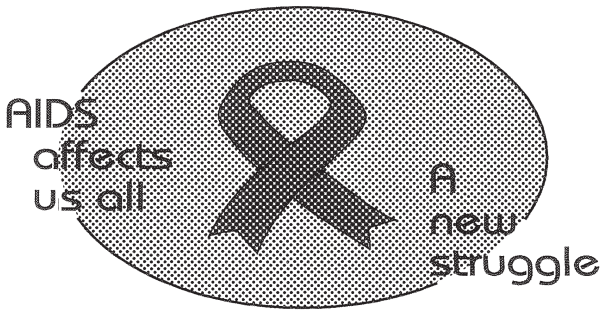
No. 127

We all have the power to prevent AIDS



Prevention is the cure

AIDS
HELPLINE
0800 012 322
DEPARTMENT OF HEALTH

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Government Printing Works

Notice submission deadlines

Government Printing Works has over the last few months implemented rules for completing and submitting the electronic Adobe Forms when you, the customer, submit your notice request.

In line with these business rules, GPW has revised the notice submission deadlines for all gazettes. Please refer to the GPW website www.gpwonline.co.za to familiarise yourself with the new deadlines.

CANCELLATIONS

Cancellation of notice submissions are accepted by GPW according to the deadlines stated in the table above.
Non-compliance to these deadlines will result in your request being failed. **Please pay special attention to the different deadlines for each gazette**.
Please note that any notices cancelled after the cancellation deadline will be published and charged at full cost.

Requests for cancellation must be sent by the original sender of the notice and must accompanied by the relevant notice reference number (N-) in the email body.

AMENDMENTS TO NOTICES

With effect **from 01 October**, GPW will not longer accept amendments to notices. The cancellation process will need to be followed and a new notice submitted thereafter for the next available publication date.

CUSTOMER INQUIRIES

Many of our customers request immediate feedback/confirmation of notice placement in the gazette from our Contact Centre once they have submitted their notice – While GPW deems it one of their highest priorities and responsibilities to provide customers with this requested feedback and the best service at all times, we are only able to do so once we have started processing your notice submission.

GPW has a **2-working day turnaround time for processing notices** received according to the business rules and deadline submissions.

Please keep this in mind when making inquiries about your notice submission at the Contact Centre.

PROOF OF PAYMENTS

GPW reminds you that all notice submissions **MUST** be submitted with an accompanying proof of payment (PoP) or purchase order (PO). If any PoP's or PO's are received without a notice submission, it will be failed and your notice will not be processed.

When submitting your notice request to submit.egazette@gpw.gov.za, please ensure that a purchase order (GPW Account customer) or proof of payment (non-GPW Account customer) is included with your notice submission. All documentation relating to the notice submission must be in a single email.

A reminder that documents must be attached separately in your email to GPW. (In other words, your email should have an Adobe Form plus proof of payment/purchase order – 2 separate attachments – where notice content is applicable, it should also be a 3rd separate attachment).

REMINDER OF THE GPW BUSINESS RULES

- ❑ Single notice, single email – with proof of payment or purchase order.
- ❑ All documents must be attached separately in your email to GPW.
- ❑ 1 notice = 1 form, i.e. each notice must be on a separate form
- ❑ Please submit your notice **ONLY ONCE.**
- ❑ Requests for information, quotations and inquiries must be sent to the Contact Centre **ONLY**.
- ❑ The notice information that you send us on the form is what we publish. Please do not put any instructions in the email body.

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REPUBLIC OF SOUTH AFRICA

eGazette

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GENERAL NOTICES • ALGEMENE KENNISGEWINGS

NOTICE 503 OF 2016

GAUTENG DEPARTMENT OF HEALTH

HOSPITAL ORDINANCE, 1958
(ORDINANCE NO. 14 of 1958)

REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO THE CLASSIFICATION OF AND FEES PAYABLE BY PATIENTS AT PROVINCIAL HOSPITALS, 2016

The Member of Executive Council responsible for health in the Gauteng Province has, in terms of section 38 read with section 76 of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958), made the Regulations in the Schedule.

SCHEDULE

GENERAL EXPLANATORY NOTE:

[ ] Words in bold type in square brackets indicate omissions from existing enactments.

_____ Words underlined indicate insertions in existing enactments.

Definition

1. In these Regulations, unless the context otherwise indicates, "the Regulations" means the Classification of and Fees Payable by Patients at Provincial Hospitals Regulations, 1968, published under Administrator's Notice No. 616 of 1968 (12 June 1968), as amended by Administrator's Notices Nos. 853 of 1969, 929 of 1973, 341 of 1976, 725 of 1980, 767 of 1981, 341 of 1982, 490 of 1984, 1147 of 1984, 454 of 1985, 653 of 1985, 415 of 1986, 996 of 1987, 1979 of 1987, 646 of 1988, 502 of 1989, 44 of 1990, 344 of 1990, 171 of 1991, 71 of 1992, 250 of 1993, 551 of 1993, Government Notice No. R.25 of 1998, General Notices Nos. 7560 of 1999, 2586 of 2002, 2980 of 2002, 659 of 2003, 463 of 2005, 4860 of 2005, Provincial Notice No. 3010 of 2007, General Notices Nos. 3024 of 2008, 3696 of 2008, 2791 of 2009, 3776 of 2009,

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1500 of 2010, 1953 of 2010, 1956 of 2010, 1004 of 2011, 1005 of 2011, 835 of 2012, 836 of 2012, 881 of 2013, 927 of 2013, 1030 of 2014, 1031 of 2014, Provincial Notices Nos. 160 and 256 of 2015 and General Notice No. 1667 of 2015.

Substitution of Annexure 1 to Schedule B to the Regulations

2. The following Annexure is hereby substituted for Annexure 1 to Schedule B to the Regulations:

"ANNEXURE 1 TO SCHEDULE B

UPFS 2016 FEE SCHEDULE FOR H1 PATIENTS

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY		
				TOTAL FEE IN BOLD		
			R	LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
*03	**Dialysis**					
0310	**Haemo- Facility Fee**	Up to 6 visits		10.00	10.00	10.00
0311	Haemo- General medical practitioner	Up to 6 visits	10.00	**20.00**	**20.00**	**20.00**
0312	Haemo- Specialist medical practitioner	Up to 6 visits	10.00	**20.00**	**20.00**	**20.00**
0320	**Peritoneal Dialysis- Facility Fee**	Up to 6 visits		10.00	10.00	10.00
0321	Peritoneal Dialysis- General medical practitioner	Up to 6 visits	10.00	**20.00**	**20.00**	**20.00**
0322	Haemo- Specialist medical practitioner	Up to 6 visits	10.00	**20.00**	**20.00**	**20.00**
0330	**Plasmapheresis- Facility Fee**	Up to 6 visits		10.00	10.00	10.00
0331	Plasmapheresis- General medical practitioner	Up to 6 visits	10.00	**20.00**	**20.00**	**20.00**
0332	Plasmapheresis- Specialist medical practitioner	Up to 6 visits	10.00	**20.00**	**20.00**	**20.00**
04	**Medical Reports**					
0410	**Medical Report – Facility Fee**	Report		**[121.00]**128.00	**[121.00]**128.00	**[147.00]**156.00
0411	Medical Report – General medical practitioner	Report	**[227.00]**241.00	**[348.00]369.00**	**[348.00]369.00**	**[374.00]397.00**
0412	Medical Report – Specialist medical practitioner	Report	**[348.00]**369.00	**[469.00]497.00**	**[469.00]497.00**	**[495.00]525.00**
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General medical practitioner	Copies	**[113.00]**120.00	**[234.00]248.00**	**[234.00]248.00**	**[260.00]276.00**
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	**[175.00]**186.00	**[296.00]314.00**	**[296.00]314.00**	**[322.00]342.00**
0425	Copies of X ray, ultrasounds ect.	Copies	**[113.00]**120.00	**[234.00]248.00**	**[234.00]248.00**	**[260.00]276.00**

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06	**In-Patients**					
0610	**In-patient General ward – Facility Fee**	Per 30 Days		25.00	35.00	70.00
0611	In-patient General Ward – General medical practitioner	Per 30 Days	5.00	**30.00**	**40.00**	**75.00**
0612	In-patient General Ward – Specialist medical practitioner	Per 30 Days	10.00	**35.00**	**45.00**	**80.00**
0620	**In-patient High care – Facility Fee**	Per 30 Days		25.00	35.00	70.00
0621	In-patient High Care – General medical practitioner	Per 30 Days	5.00	**30.00**	**40.00**	**75.00**
0622	In-patient High Care – Specialist medical practitioner	Per 30 Days	10.00	**35.00**	**45.00**	**80.00**
0630	**In-patient Intensive care – Facility Fee**	Per 30 Days		25.00	35.00	70.00
0631	In-patient Intensive Care – General medical practitioner	Per 30 Days	5.00	**30.00**	**40.00**	**75.00**
0632	In-patient Intensive Care– Specialist medical practitioner	Per 30 Days	10.00	**35.00**	**45.00**	**80.00**
0640	**In-patient Chronic care – Facility Fee**	Per 30 Days		25.00	35.00	70.00
0641	In-patient Chronic care – General medical practitioner	Per 30 Days	5.00	**30.00**	**40.00**	**75.00**
0642	In-patient Chronic care – Specialist medical practitioner	Per 30 Days	10.00	**35.00**	**45.00**	**80.00**
0643	In-patient Chronic care – Nursing practitioner	Per 30 Days	5.00	**30.00**	**40.00**	**75.00**
0650	**Day patient – Facility Fee**	Per 30 Days		25.00	35.00	70.00
0651	Day patient – General medical practitioner	Per 30 Days	5.00	**30.00**	**40.00**	**75.00**
0652	Day patient – Specialist medical practitioner	Per 30 Days	10.00	**35.00**	**45.00**	**80.00**
0653	Day patient – Nursing practitioner	Per 30 Days	5.00	**30.00**	**40.00**	**75.00**
0660	**In-patient Boarder / Patient companion – Facility Fee**	Per 30 Days		25.00	35.00	70.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Per 30 Days	5.00	**30.00**	**40.00**	**75.00**
10	**Consultations**					
1010	**Outpatient Consultation – Facility Fee**	Visit		10.00	10.00	15.00
1011	Outpatient Consultation – General medical practitioner	Visit	10.00	**20.00**	**20.00**	**25.00**
1012	Outpatient Consultation – Specialist medical practitioner	Visit	25.00	**35.00**	**35.00**	**40.00**
1013	Outpatient Consultation – Nursing practitioner	Visit	5.00	**15.00**	**15.00**	**20.00**
1014	Outpatient Consultation – Allied health practitioner	Visit	5.00	**15.00**	**15.00**	**20.00**
1020	**Emergency Consultation – Facility Fee**	Visit		10.00	10.00	15.00
1021	Emergency Consultation –	Visit	10.00	**20.00**	**20.00**	**25.00**

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	General medical practitioner					
1022	Emergency Consultation – Specialist medical practitioner	Visit	25.00	**35.00**	**35.00**	**40.00**
1023	Emergency Consultation – Nursing practitioner	Visit	5.00	**15.00**	**15.00**	**20.00**
1024	Emergency Consultation – Allied health practitioner	Visit	5.00	**15.00**	**15.00**	**20.00**
***13**	**Treatments**					
1310	**Supplementary Health Treatment – Facility Fee**	Up to 5 visits		5.00	5.00	10.00
1314	Supplementary Health Treatment – Allied health practitioner	Up to 5 visits	10.00	**15.00**	**15.00**	**20.00**
1320	**Supplementary Health Group Treatment – Facility Fee**	Up to 5 visits		5.00	5.00	10.00
1324	Supplementary Health Group Treatment Allied practitioner	Up to 5 visits	10.00	**15.00**	**15.00**	**20.00**
14	**Emergency Medical Services**					
1410	Patient transport service – Facility Fee	100km				
1420	**Basic life support – Facility Fee**	50km				
1430	**Intermediate life support – Facility Fee**	50km				
1440	**Advanced life support – Facility Fee**	50km				
1450	**Emergency service standby – Facility Fee**	Hour				
1451	Emergency service standby – General medical practitioner	Hour				
1452	Emergency service standby – Specialist medical practitioner	Hour	**See Administrator's Notice No. 646 of 29 August 1958**			
1453	Emergency service standby – Nursing practitioner	Hour				
1454	Emergency service standby – Allied health practitioner	Hour				
1460	**Rescue – Facility Fee**	Incident				
1461	Rescue – General medical practitioner	Incident				
1462	Rescue – Specialist medical practitioner	Incident				
1463	Rescue – Nursing practitioner	Incident				
1464	Rescue – Allied health practitioner	Incident				
15	**Assistive Devices & Prosthesis**					
1510	Assistive Devices –Item Fee	Item	10 % of the cost of the relevant device or prosthesis, rounded to the nearest R5			
16	**Cosmetic Surgery**					
1610	**Cosmetic Surgery Cat A – Facility Fee**	Procedure		**[2564.00]** 2718.00	**[2564.00]** 2718.00	**[2929.00]** 3105.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	**[1478.00]** 1567.00	**[4042.00] 4285.00**	**[4042.00] 4285.00**	**[4407.00]4672.00**
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	**[2214.00]** 2347.00	**[4778.00] 5065.00**	**[4778.00] 5065.00**	**[5143.00]5452.00**

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1620	**Cosmetic Surgery Cat B – Facility Fee**	Procedure		**[5765.00]** 6111.00	**[5765.00]** 6111.00	**[6590.00]**6985.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	**[1752.00]** 1857.00	**[7517.00]7968.00**	**[7517.00]7968.00**	**[8342.00] 8842.00**
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	**[2627.00]** 2785.00	**[8392.00]8896.00**	**[8392.00]8896.00**	**[9217.00]9770.00**
1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		**[9311.00]**9870.00	**[9311.00]**9870.00	**[10643.00]**11282.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	**[2961.00]**3139.00	**[12272.00]13009.00**	**[12272.00]13009.00**	**[13604.00]14421.00**
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	**[4441.00]**4707.00	**[13752.00]14577.00**	**[13752.00]14577.00**	**[15084.00]15989.00**
1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		**[15729.00]**16673.00	**[15729.00]**16673.00	**[17975.00]**19054.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	**[3322.00]**3521.00	**[19051.00]20194.00**	**[19051.00]20194.00**	**[21297.00]22575.00**
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	**[4888.00]**5181.00	**[20617.00]21854.00**	**[20617.00]21854.00**	**[22863.00]24235.00**
***18**	**Radiation Oncology**					
1810	**Radiation Oncology- Facility Fee**	Up to 6 visits		20.00	20.00	20.00
1812	Radiation Oncology- Specialist medical practitioner	Up to 6 visits	20.00	**40.00**	**40.00**	**40.00**
***19**	**Nuclear Medicine**					
1910	**Nuclear Medicine- Facility Fee**	Up to 4 visits		20.00	20.00	20.00
1912	Nuclear Medicine- Specialist medical practitioner	Up to 4 visits	20.00	**40.00**	**40.00**	**40.00**
1950	**Positron Emission Tomography (PET)- Facility Fee**	Up to 4 visits		20.00	20.00	20.00
1952	Positron Emission Tomography (PET)- Specialist practitioner	Up to 4 visits	20.00	**40.00**	**40.00**	**40.00**

* **DIALYSIS**
Charge a maximum of 6 visits per 30 days or part thereof.

* **TREATMENT**
Charge a maximum of 5 visits per 30 days or part thereof.

* **RADIATION ONCOLOGY**
Charge a maximum of 6 visits per 30 days or part thereof.

* **NUCLEAR MEDICINE**
Charge a maximum of 4 visits per 30 days or part thereof. This tariff shall include the cost of radio isotopes/radiopharmaceuticals with no additional charges.

NOTE:

- For all of the above packages, patients who attend for less than the respective maximum visits are to be billed per visits accordingly.
- The packages are not applicable to externally funded and private-doctor patients.".

Substitution of Annexure 2 to Schedule B to the Regulations

3. The following Annexure is hereby substituted for Annexure 2 to Schedule B to the Regulations:

"ANNEXURE 2 TO SCHEDULE B

UPFS 2016 FEE SCHEDULE FOR H2 PATIENTS

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY FEE TOTAL FEE IN BOLD		
			R	LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
01	**Anaesthetics**					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	50.00	**50.00**	**50.00**	**50.00**
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	80.00	**80.00**	**80.00**	**80.00**
0121	Anaesthetics Cat B – General medical practitioner	Procedure	95.00	**95.00**	**95.00**	**95.00**
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	140.00	**140.00**	**140.00**	**140.00**
0131	Anaesthetics Cat C – General medical practitioner	Procedure	325.00	**325.00**	**325.00**	**325.00**
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	490.00	**490.00**	**490.00**	**490.00**
***03**	**Dialysis**					
0310	**Haemo – Facility Fee**	Up to 6 visits		30.00	30.00	30.00
0311	Haemo Dialysis – General Medical Practitioner	Up to 6 visits	35.00	**65.00**	**65.00**	**65.00**
0312	Haemo Dialysis – Specialist Medical Practitioner	Up to 6 visits	35.00	**65.00**	**65.00**	**65.00**
0313	Haemo Dialysis – Nursing Practitioner	Up to 6 visits	35.00	**65.00**	**65.00**	**65.00**
0320	**Peritoneal Dialysis – Facility Fee**	Up to 6 visits		30.00	30.00	30.00
0321	Peritoneal Dialysis – General medical practitioner	Up to 6 visits	35.00	**65.00**	**65.00**	**65.00**
0322	Peritoneal Dialysis – Specialist medical practitioner	Up to 6 visits	35.00	**65.00**	**65.00**	**65.00**
0323	Peritoneal Dialysis –Nursing Practitioner	Up to 6 visits	35.00	**65.00**	**65.00**	**65.00**
0330	**Plasmapheresis – Facility Fee**	Up to 6 visits		30.00	30.00	30.00
0331	Plasmapheresis – General Medical Practitioner	Up to 6 visits	35.00	**65.00**	**65.00**	**65.00**
0332	Plasmapheresis – Specialist Medical Practitioner	Up to 6 visits	35.00	**65.00**	**65.00**	**65.00**
04	**Medical Reports**					
0410	**Medical Report – Facility Fee**	Report		**[121.00]**128.00	**[121.00]**128.00	**[147.00]**156.00
0411	Medical Report – General medical practitioner	Report	**[227.00]**241.00	**[348.00]369.00**	**[348.00]369.00**	**[374.00] 397.00**
0412	Medical Report – Specialist medical practitioner	Report	**[348.00]**369.00	**[469.00]497.00**	**[469.00]497.00**	**[495.00] 525.00**
0421	Copies of Medical Report, Records, X-Rays, Completion of Certificates/Forms – General Medical Practitioner	Copy	**[113.00]**120.00	**[234.00]248.00**	**[234.00]248.00**	**[260.00]276.00**
0422	Copies of Medical Report, Records, X-Rays, Completion	Copy	**[175.00]**186.00	**[296.00]314.00**	**[296.00]314.00**	**[322.00]342.00**

	of Certificates/Forms – Specialist Medical Practitioner					
0425	Copies of X-Ray Films, Ultrasounds etc.	Copy	**[113.00]**120.00	**[234.00]248.00**	**[234.00]248.00**	**[260.00]276.00**
05	**Imaging**					
0510	**Radiology, Cat A – Facility Fee**	Procedure		20.00	20.00	25.00
0511	Radiology, Cat A – General medical practitioner	Procedure	20.00	**40.00**	**40.00**	**45.00**
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	35.00	**55.00**	**55.00**	**60.00**
0514	Radiology, Cat A – Allied health practitioner	Procedure	15.00	**35.00**	**35.00**	**40.00**
0520	**Radiology, Cat B – Facility Fee**	Procedure		50.00	50.00	55.00
0521	Radiology, Cat B – General medical practitioner	Procedure	50.00	**100.00**	**100.00**	**105.00**
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	95.00	**145.00**	**145.00**	**150.00**
0524	Radiology, Cat B – Allied health practitioner	Procedure	45.00	**95.00**	**95.00**	**100.00**
0530	**Radiology, Cat C – Facility Fee**	Procedure		235.00	235.00	265.00
0531	Radiology, Cat C – General medical practitioner	Procedure	150.00	**385.00**	**385.00**	**415.00**
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	460.00	**695.00**	**695.00**	**725.00**
0540	**Radiology, Cat D – Facility Fee**	Procedure		**[595.00]**415.00	**[595.00]**415.00	**[680.00]**470.00
0541	Radiology, Cat D – General medical practitioner	Procedure	**[550.00]**350.00	**[1145.00]765.00**	**[1145.00]765.00**	**[1230.00]820.00**
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	**[1145.00]**800.00	**[1740.00]1215.00**	**[1740.00]1215.00**	**[1825.00]1271.00**
0550	**Radiology, Cat E – Facility Fee**	Procedure		595.00	595.00	680.00
0551	Radiology, Cat E – General Medical Practitioner	Procedure	550.00	**1145.00**	**1145.00**	**1230.00**
0552	Radiology, Cat E – Specialist Practitioner	Procedure	1145.00	**1740.00**	**1740.00**	**1825.00**
06	**In-patients**					
0610	**In-patient General ward – Facility Fee**	Day		25.00	35.00	65.00
0611	In-patient General Ward – General medical practitioner	Day	5.00	**30.00**	**40.00**	**70.00**
0612	In-patient General Ward – Specialist medical practitioner	Day	10.00	**35.00**	**45.00**	**75.00**
0620	**In-patient High care – Facility Fee**	Day		40.00	50.00	70.00
0621	In-patient High Care – General medical practitioner	Day	5.00	**45.00**	**55.00**	**75.00**
0622	In-patient High Care – Specialist medical practitioner	Day	10.00	**50.00**	**60.00**	**80.00**
0630	**In-patient Intensive care – Facility Fee**	Day		130.00	130.00	160.00
0631	In-patient Intensive Care –	Day	5.00	**135.00**	**135.00**	**165.00**

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	General medical practitioner					
0632	In-patient Intensive Care– Specialist medical practitioner	Day	10.00	**140.00**	**140.00**	**170.00**
0640	**In-patient Chronic care – Facility Fee**	Day		10.00	15.00	20.00
0641	In-patient Chronic care – General medical practitioner	Day	5.00	**15.00**	**20.00**	**25.00**
0642	In-patient Chronic care – Specialist medical practitioner	Day	5.00	**15.00**	**20.00**	**25.00**
0643	In-patient Chronic care – Nursing practitioner	Day	5.00	**15.00**	**20.00**	**25.00**
0650	**Day patient – Facility Fee**	Day		20.00	30.00	40.00
0651	Day patient – General medical practitioner	Day	5.00	**25.00**	**35.00**	**45.00**
0652	Day patient – Specialist medical practitioner	Day	10.00	**30.00**	**40.00**	**50.00**
0653	Day patient – Nursing practitioner	Day	5.00	**25.00**	**35.00**	**45.00**
0660	**In-patient Boarder/Patient companion – Facility Fee**	Day		10.00	10.00	15.00
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	5.00	**15.00**	**15.00**	**20.00**
09	**Oral Health**					
0910	**Oral Care Cat A – Facility Fee**	Procedure		5.00	5.00	10.00
0911	Oral Care Cat A – General practitioner	Procedure	10.00	**15.00**	**15.00**	**20.00**
0912	Oral Care Cat A – Specialist practitioner	Procedure	10.00	**15.00**	**15.00**	**20.00**
0914	Oral Care Cat A – Allied health practitioner	Procedure	10.00	**15.00**	**15.00**	**20.00**
0920	**Oral Care Cat B – Facility Fee**	Procedure		20.00	20.00	25.00
0921	Oral Care Cat B – General practitioner	Procedure	25.00	**45.00**	**45.00**	**50.00**
0922	Oral Health Cat B – Specialist practitioner	Procedure	40.00	**60.00**	**60.00**	**65.00**
0924	Oral Care Cat B – Allied health practitioner	Procedure	20.00	**40.00**	**40.00**	**45.00**
0930	**Oral Care Cat C – Facility Fee**	Procedure		130.00	130.00	150.00
0931	Oral Care Cat C – General practitioner	Procedure	145.00	**275.00**	**275.00**	**295.00**
0932	Oral Care Cat C – Specialist Practitioner	Procedure	245.00	**375.00**	**375.00**	**395.00**
0940	**Oral Care Cat D – Facility Fee**	Procedure		510.00	510.00	585.00
0941	Oral Care Cat D – General practitioner	Procedure	440.00	**950.00**	**950.00**	**1025.00**
0942	Oral Care Cat D – Specialist practitioner	Procedure	905.00	**1415.00**	**1415.00**	**1490.00**
0950	**Oral Care Cat E – Facility Fee**	Procedure		1720.00	1720.00	1970.00
0951	Oral Care Cat E – General practitioner	Procedure	1485.00	**3205.00**	**3205.00**	**3455.00**

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0952	Oral Care Cat E – Specialist practitioner	Procedure	3045.00	**4765.00**	**4765.00**	**5015.00**
10	**Consultations**					
1010	**Outpatient Consultation – Facility Fee**	Visit		30.00	30.00	40.00
1011	Outpatient Consultation – General medical practitioner	Visit	35.00	**65.00**	**65.00**	**75.00**
1012	Outpatient Consultation – Specialist medical practitioner	Visit	80.00	**110.00**	**110.00**	**120.00**
1013	Outpatient Consultation – Nursing practitioner	Visit	20.00	**50.00**	**50.00**	**60.00**
1014	Outpatient Consultation – Allied health practitioner	Visit	20.00	**50.00**	**50.00**	**60.00**
1020	**Emergency Consultation – Facility Fee**	Visit		65.00	65.00	75.00
1021	Emergency Consultation – General medical practitioner	Visit	55.00	**120.00**	**120.00**	**130.00**
1022	Emergency Consultation – Specialist medical practitioner	Visit	120.00	**185.00**	**185.00**	**195.00**
1023	Emergency Consultation – Nursing practitioner	Visit	30.00	**95.00**	**95.00**	**105.00**
1024	Emergency Consultation – Allied health practitioner	Visit	35.00	**100.00**	**100.00**	**110.00**
11	**Minor Theatre Procedure**					
1110	**Minor Procedure Cat A – Facility Fee**	Procedure		110.00	110.00	130.00
1111	Minor Procedure Cat A – General Medical Practitioner	Procedure	35.00	**145.00**	**145.00**	**165.00**
1112	Minor Procedure Cat A – Specialist Medical Practitioner	Procedure	70.00	**180.00**	**180.00**	**200.00**
1120	**Minor Procedure Cat B – Facility Fee**	Procedure		110.00	110.00	130.00
1121	Minor Procedure Cat B - General Medical Practitioner	Procedure	55.00	**165.00**	**165.00**	**185.00**
1122	Minor Procedure Cat B - Specialist Medical Practitioner	Procedure	125.00	**235.00**	**235.00**	**255.00**
1130	**Minor Procedure Cat C – Facility Fee**	Procedure		110.00	110.00	130.00
1131	Minor Procedure Cat C - General Medical Practitioner	Procedure	85.00	**195.00**	**195.00**	**21500**
1132	Minor Procedure Cat C - Specialist Medical Practitioner	Procedure	195.00	**305.00**	**305.00**	**325.00**
1140	**Minor Procedure Cat D – Facility Fee**	Procedure		110.00	110.00	130.00
1141	Minor Procedure Cat D - General Medical Practitioner	Procedure	230.00	**340.00**	**340.00**	**360.00**
1142	Minor Procedure Cat D - Specialist Medical Practitioner	Procedure	520.00	**630.00**	**630.00**	**650.00**
12	**Major Theatre Procedures**					
1210	**Theatre Procedure Cat A – Facility Fee**	Procedure		350.00	515.00	590.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	35.00	**385.00**	**550.00**	**625.00**
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	70.00	**420.00**	**585.00**	**660.00**

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1220	**Theatre Procedure Cat B – Facility Fee**	Procedure		530.00	775.00	895.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	55.00	**585.00**	**830.00**	**950.00**
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	125.00	**655.00**	**900.00**	**1020.00**
1230	**Theatre Procedure Cat C – Facility Fee**	Procedure		910.00	1335.00	1540.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	85.00	**995.00**	**1420.00**	**1625.00**
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	195.00	**1105.00**	**1530.00**	**1735.00**
1240	**Theatre Procedure Cat D – Facility Fee**	Procedure		2330.00	3420.00	3940.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	230.00	**2560.00**	**3650.00**	**4170.00**
1242	Theatre Procedure Cat D – Specialist Medical Practitioner	Procedure	520.00	**2850.00**	**3940.00**	**4460.00**
***13**	**Treatments**					
1310	**Supplementary Health Treatment – Facility Fee**	Up to 5 visits		20.00	20.00	25.00
1313	Supplementary Health Treatment – Nursing Practitioner	Up to 5 visits	35.00	**55.00**	**55.00**	**60.00**
1314	Supplementary Health Treatment – Allied health practitioner	Up to 5 visits	35.00	**55.00**	**55.00**	**60.00**
1320	**Supplementary Health Group Treatment – Facility Fee**	Up to 5 visits		15.00	15.00	20.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Up to 5 visits	25.00	**40.00**	**40.00**	**45.00**
14	**Emergency Medical Services**					
1410	**Patient transport service – Facility Fee**	100km				
1420	Basic life support – Facility Fee	50km				
1430	**Intermediate life support – Facility Fee**	50km				
1440	Advanced life support – Facility Fee	50km				
1450	**Emergency service standby – Facility Fee**	Hour				
1451	Emergency service standby – General medical practitioner	Hour				
1452	Emergency service standby – Specialist medical practitioner	Hour				
1453	Emergency service standby – Nursing practitioner	Hour				
1454	Emergency service standby – Allied health practitioner	Hour				
1460	**Rescue – Facility Fee (15%)**	Incident				
1461	Rescue – General medical practitioner	Incident				
1462	Rescue – Specialist medical practitioner	Incident				
1463	Rescue – Nursing practitioner	Incident				

See Administrator's Notice No. 646 of 29 August 1958

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1464	Rescue – Allied health practitioner	Incident				
15	**Assistive Devices & Prosthesis**					
1510	Assistive Devices & Prosthesis – Item Fee	Item	20% of the cost of the relevant device or prosthesis, rounded to the nearest R5			
1520	Prosthetic Devices – Item Fee	Item				
1530	Dental Items – Item Fee	Item				
1540	Repairs to devices Item	Item				
16	**Cosmetic Surgery**					
1610	**Cosmetic Surgery Cat A – Facility Fee**	Procedure		**[2564.00]** 2718.00	**[2564.00]**2718.00	**[2929.00]**3105.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	**[1478.00]**1567.00	**[4042.00] 4285.00**	**[4042.00]4285.00**	**[4407.00]4672.00**
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	**[2214.00]**2347.00	**[4778.00]5065.00**	**[4778.00]5065.00**	**[5143.00]5452.00**
1620	**Cosmetic Surgery Cat B – Facility Fee**	Procedure		**[5765.00]** 6111.00	**[5765.00]**6111.00	**[6590.00]**6985.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	**[1752.00]**1857.00	**[7517.00]7968.00**	**[7517.00]7968.00**	**[8342.00]8842.00**
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	**[2627.00]**2785.00	**[8392.00]8896.00**	**[8392.00]8896.00**	**[9217.00]9770.00**
1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		**[9311.00]** 9870.00	**[9311.00]**9870.00	**[10643.00]**11282.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	**[2961.00]**3139.00	**[12272.00]13009.00**	**[12272.00]13009.00**	**[13604.00]14421.00**
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	**[4441.00]**4707.00	**[13752.00]14577.00**	**[13752.00]14577.00**	**[15084.00]15989.00**
1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		**[15729.00]**16673.00	**[15729.00]**16673.00	**[17975.00]**19054.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	**[3322.00]**3521.00	**[19051.00]20194.00**	**[19051.00]20194.00**	**[21297.00]22575.00**
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	**[4888.00]**5181.00	**[20617.00]21854.00**	**[20617.00]21854.00**	**[22863.00]24235.00**
***18**	**Radiation Oncology**					
1810	**Radiation Oncology- Facility Fee**	Up to 6 visits		30.00	30.00	30.00
1812	Radiation Oncology- Specialist medical practitioner	Up to 6 visits	35.00	**65.00**	**65.00**	**65.00**
***19**	**Nuclear Medicine**					
1910	**Nuclear Medicine- Facility Fee**	Up to 4 visits		30.00	30.00	30.00
1912	Nuclear Medicine- Specialist medical practitioner	Up to 4 visits	35.00	**65.00**	**65.00**	**65.00**
1950	**Positron Emission Tomography (PET)-Facility Fee**	Up to 4 visits		30.00	30.00	30.00
1952	Positron Emission Tomography (PET)-Specialist medical practitioner	Up to 4 visits	35.00	**65.00**	**65.00**	**65.00**
20	**Ambulatory Procedures**					
2010	**Ambulatory Procedure Cat A – Facility Fee**	Procedure		35.00	35.00	45.00
2011	Ambulatory Procedure Cat A –	Procedure	15.00	**50.00**	**50.00**	**60.00**

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	General medical practitioner					
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	25.00	**60.00**	**60.00**	**70.00**
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	10.00	**45.00**	**45.00**	**55.00**
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	10.00	**45.00**	**45.00**	**55.00**
2020	**Ambulatory Procedure Cat B – Facility Fee**	Procedure		35.00	35.00	45.00
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	20.00	**55.00**	**55.00**	**65.00**
2022	Ambulatory Procedure Cat B – Specialist Medical Practitioner	Procedure	30.00	**65.00**	**65.00**	**75.00**
2023	Ambulatory Procedure Cat B – Nursing Practitioner	Procedure	10.00	**45.00**	**45.00**	**55.00**
2024	Ambulatory Procedure Cat B – Allied Health Worker	Procedure	10.00	**45.00**	**45.00**	**55.00**
23	**Consumables (Not included in the Facility Fee) Buy-Outs**					
2300	Consumables not included in the Facility Fee	Item	Varies			

* **DIALYSIS**
Charge a maximum of 6 visits per 30 days or part thereof.
* **TREATMENT**
Charge a maximum of 5 visits per 30 days or part thereof.
* **RADIATION ONCOLOGY**
Charge a maximum of 6 visits per 30 days or part thereof.
* **NUCLEAR MEDICINE**
Charge a maximum of 4 visits per 30 days or part thereof. This tariff shall include the cost of radio isotopes/radiopharmaceuticals with no additional charges.

NOTE:
- For all of the above packages, patients who attend for less than the respective maximum visits are to be billed per visits accordingly.
- The packages are not applicable to externally funded and private-doctor patients.".

Substitution of Annexure 2A of Schedule B to the Regulations

4. The following Annexure is hereby substituted for Annexure 2A of Schedule B to the Regulations:

"ANNEXURE 2A TO SCHEDULE B

UPFS 2016 FEE SCHEDULE FOR H3 (SELF FUNDED PATIENTS)

CODE	DESCRIPTION	BASIS	PROFESSIONAL FEE	FACILITY		
				TOTAL FEE IN BOLD		
			R	LEVEL 1 R	LEVEL 2 R	LEVEL 3 R
01	**Anesthetics**					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	122.00	**122.00**	**122.00**	**122.00**
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	183.00	**183.00**	**183.00**	**183.00**
0121	Anaesthetics Cat B – General medical practitioner	Procedure	208.00	**208.00**	**208.00**	**208.00**
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	313.00	**313.00**	**313.00**	**313.00**

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0131	Anaesthetics Cat C – General medical practitioner	Procedure	730.00	**730.00**	**730.00**	**730.00**
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	1096.00	**1096.00**	**1096.00**	**1096.00**
03	**Dialysis**					
0310	**Haemo – Facility Fee**	Day		809.00	809.00	926.00
0311	Haemo-dialysis – General medical practitioner	Day	154.00	**963.00**	**963.00**	**1080.00**
0312	Haemo-dialysis – Specialist medical practitioner	Day	192.00	**1001.00**	**1001.00**	**1118.00**
0313	Haemo-dialysis Nursing Practitioner	Day	123.00	**932.00**	**932.00**	**1049.00**
0320	**Peritoneal Dialysis – Facility Fee**	Session		124.00	124.00	142.00
0321	Peritoneal Dialysis – General medical practitioner	Session	24.00	**148.00**	**148.00**	**166.00**
0322	Peritoneal dialysis-Specialist Medical practitioner	Session	30.00	**154.00**	**154.00**	**172.00**
0323	Peritoneal dialysis-Nursing Practitioner	Session	17.00	**141.00**	**141.00**	**159.00**
0330	**Plasmapheresis-Facility Fee**	Session		809.00	809.00	926.00
0331	Plasmapheresis- General medical practitioner	Session	152.00	**961.00**	**961.00**	**1078.00**
0332	Plasmapheresis-Specialist Medical Practitioner	Session	191.00	**1000.00**	**1000.00**	**1117.00**
04	**Medical Reports**					
0410	Medical Report – Facility Fee	Report		**[121.00]**128.00	**[121.00]**128.00	**[147.00]**156.00
0411	Medical Report – General medical practitioner	Report	**[227.00]** 241.00	**[348.00]369.00**	**[348.00]369.00**	**[374.00] 397.00**
0412	Medical Report – Specialist medical practitioner	Report	**[348.00]** 369.00	**[469.00]497.00**	**[469.00]497.00**	**[495.00]525.00**
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	**[113.00]**120.00	**[234.00]248.00**	**[234.00]248.00**	**[260.00]276.00**
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	**[175.00]**186.00	**[296.00]314.00**	**[296.00]314.00**	**[322.00]342.00**
0425	Copies of X ray, ultrasounds ect.	Copies	**[113.00]**120.00	**[234.00]248.00**	**[234.00]248.00**	**[260.00]276.00**
05	**Imaging**					
0510	**Radiology, Cat A – Facility Fee**	Procedure		41.00	41.00	46.00
0511	Radiology, Cat A – General medical practitioner	Procedure	40.00	**81.00**	**81.00**	**86.00**
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	76.00	**117.00**	**117.00**	**122.00**
0514	Radiology, Cat A – Allied health practitioner	Procedure	39.00	**80.00**	**80.00**	**85.00**
0520	**Radiology, Cat B – Facility Fee**	Procedure		112.00	112.00	129.00
0521	Radiology, Cat B – General medical practitioner	Procedure	108.00	**220.00**	**220.00**	**237.00**
0522	Radiology, Cat B – Specialist	Procedure	211.00	**323.00**	**323.00**	**340.00**

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	medical practitioner					
0524	Radiology, Cat B – Allied health practitioner	Procedure	106.00	**218.00**	**218.00**	**235.00**
0530	**Radiology, Cat C – Facility Fee**	Procedure		**[523.00]**276.00	**[523.00]**276.00	**[597.00]**315.00
0531	Radiology, Cat C – General medical practitioner	Procedure	**[335.00]**177.00	**[858.00]453.00**	**[858.00]453.00**	**[932.00]492.00**
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	**[1031.00]**544.00	**[1554.00]820.00**	**[1554.00]820.00**	**[1628.00]859.00**
0540	**Radiology, Cat D – Facility Fee**	Procedure		**[1332.00]**553.00	**[1332.00]**553.00	**[1522.00]**629.00
0541	Radiology, Cat D – General medical practitioner	Procedure	**[1233.00]**353.00	**[2565.00]906.00**	**[2565.00]906.00**	**[2755.00]982.00**
0542	Radiology, Cat D – Specialist Practitioner	Procedure	[2574.00]1089.00	**[3906.00]1642.00**	**[3906.00]1642.00**	**[4096.00]1718.00**
0550	**Radiology, Cat E – Facility Fee**	Procedure		1406.00	1406.00	1608.00
0551	Radiology, Cat E – General medical practitioner	Procedure	1303.00	**2709.00**	**2709.00**	**2911.00**
0552	Radiology, Cat E – Specialist Practitioner	Procedure	2717.00	**4123.00**	**4123.00**	**4325.00**
06	**In-patients**					
0610	**In-patient General ward – Facility Fee**	Day		414.00	528.00	998.00
0611	In-patient General Ward – General medical practitioner	Day	86.00	**500.00**	**614.00**	**1084.00**
0612	In-patient General Ward – Specialist medical practitioner	Day	150.00	**564.00**	**678.00**	**1148.00**
0620	**In-patient High care – Facility Fee**	12 hours		642.00	803.00	1151.00
0621	In-patient High Care – General medical practitioner	12 hours	45.00	**687.00**	**848.00**	**1196.00**
0622	In-patient High Care – Specialist medical practitioner	12 hours	85.00	**727.00**	**888.00**	**1236.00**
0630	**In-patient Intensive care – Facility Fee**	12 hours		2110.00	2110.00	2523.00
0631	In-patient Intensive Care – General medical practitioner	12 hours	50.00	**2160.00**	**2160.00**	**2573.00**
0632	In-patient Intensive Care– Specialist medical practitioner	12 hours	95.00	**2205.00**	**2205.00**	**2618.00**
0640	**In-patient Chronic care – Facility Fee**	Day		243.00	243.00	243.00
0641	In-patient Chronic care – General medical practitioner	Day	28.00	**271.00**	**271.00**	**271.00**
0642	In-patient Chronic care – Specialist medical practitioner	Day	65.00	**308.00**	**308.00**	**308.00**
0643	I In-patient Chronic care – Nursing practitioner	Day	17.00	**260.00**	**260.00**	**260.00**
0650	**Day patient – Facility Fee**	Day		345.00	435.00	638.00
0651	Day patient – General medical practitioner	Day	86.00	**431.00**	**521.00**	**724.00**
0652	Day patient – Specialist medical practitioner	Day	150.00	**495.00**	**585.00**	**788.00**
0653	Day patient – Nursing practitioner	Day	50.00	**395.00**	**485.00**	**688.00**
0660	**In-patient Boarder/Patient**	Day		199.00	199.00	199.00

	companion – Facility Fee					
0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	17.00	**216.00**	**216.00**	**216.00**
07	**Mortuary**					
0710	**Mortuary – Facility Fee**		**See administrator's Notice no.372 of 3 April 1968**			
0720	Cremation Certificate – Facility Fee					
08	**Pharmaceutical**					
0810	**Medication Fee – Facility Fee**	Prescription		19.00	19.00	22.00
0815	Item Fee	Item	Varies			
0816	Pharmaceutical-TTO	Item	Varies			
0817	Pharmaceutical- Chronic	Item	Varies			
0818	Pharmaceutical- Oncology	Item	Varies			
0819	Pharmaceutical- Immune Suppressant Drugs	Item	Varies			
0820	Pharmaceutical Flat Fee-OPD	Item	Varies			
0825	Pharmaceutical Flat Fee-IP	Item	Varies			
09	**Oral Health**					
0910	**Oral Care Cat A – Facility Fee**	Procedure		16.00	16.00	18.00
0911	Oral Care Cat A – General practitioner	Procedure	27.00	**43.00**	**43.00**	**45.00**
0912	Oral Care Cat A – Specialist practitioner	Procedure	22.00	**38.00**	**38.00**	**40.00**
0914	Oral Care Cat A – Allied health practitioner	Procedure	21.00	**37.00**	**37.00**	**39.00**
0920	**Oral Care Cat B – Facility Fee**	Procedure		48.00	48.00	55.00
0921	Oral Care Cat B – General practitioner	Procedure	52.00	**100.00**	**100.00**	**107.00**
0922	Oral Health Cat B – Specialist practitioner	Procedure	84.00	**132.00**	**132.00**	**139.00**
0924	Oral Care Cat B – Allied health practitioner	Procedure	43.00	**91.00**	**91.00**	**98.00**
0930	**Oral Care Cat C – Facility Fee**	Procedure		292.00	292.00	334.00
0931	Oral Care Cat C – General practitioner	Procedure	323.00	**615.00**	**615.00**	**657.00**
0932	Oral Care Cat C – Specialist practitioner	Procedure	555.00	**847.00**	**847.00**	**889.00**
0940	**Oral Care Cat D – Facility Fee**	Procedure		1149.00	1149.00	1314.00
0941	Oral Care Cat D – General practitioner	Procedure	991.00	**2140.00**	**2140.00**	**2305.00**
0942	Oral Care Cat D – Specialist practitioner	Procedure	2034.00	**3183.00**	**3183.00**	**3348.00**
0950	**Oral Care Cat E – Facility Fee**	Procedure		3868.00	3868.00	4421.00
0951	Oral Care Cat E – General practitioner	Procedure	3333.00	**7201.00**	**7201.00**	**7754.00**
0952	Oral Care Cat E – Specialist practitioner	Procedure	6840.00	**10708.00**	**10708.00**	**11261.00**

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10	**Consultations**					
1010	**Outpatient Consultation – Facility Fee**	Visit		51.00	51.00	62.00
1011	Outpatient Consultation – General medical practitioner	Visit	57.00	**108.00**	**108.00**	**119.00**
1012	Outpatient Consultation – Specialist medical practitioner	Visit	132.00	**183.00**	**183.00**	**194.00**
1013	Outpatient Consultation – Nursing practitioner	Visit	33.00	**84.00**	**84.00**	**95.00**
1014	Outpatient Consultation – Allied health practitioner	Visit	35.00	**86.00**	**86.00**	**97.00**
1020	**Emergency Consultation – Facility Fee**	Visit		104.00	104.00	123.00
1021	Emergency Consultation – General medical practitioner	Visit	86.00	**190.00**	**190.00**	**209.00**
1022	Emergency Consultation – Specialist medical practitioner	Visit	197.00	**301.00**	**301.00**	**320.00**
1023	Emergency Consultation – Nursing practitioner	Visit	50.00	**154.00**	**154.00**	**173.00**
1024	Emergency Consultation – Allied health practitioner	Visit	51.00	**155.00**	**155.00**	**174.00**
11	**Minor Theatre Procedures**					
1110	**Minor Procedure Cat A – Facility Fee**	Procedure		243.00	243.00	291.00
1111	Minor Procedure Cat A – General medical practitioner	Procedure	84.00	**327.00**	**327.00**	**375.00**
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	162.00	**405.00**	**405.00**	**453.00**
1120	**Minor Procedure Cat B – Facility Fee**	Procedure		243.00	243.00	291.00
1121	Minor Procedure Cat B – General medical practitioner	Procedure	124.00	**367.00**	**367.00**	**415.00**
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	282.00	**525.00**	**525.00**	**573.00**
1130	**Minor Procedure Cat C – Facility Fee**	Procedure		243.00	243.00	291.00
1131	Minor Procedure Cat C – General medical practitioner	Procedure	196.00	**439.00**	**439.00**	**487.00**
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	440.00	**683.00**	**683.00**	**731.00**
1140	**Minor Procedure Cat D – Facility Fee**	Procedure		243.00	243.00	291.00
1141	Minor Procedure Cat D – General medical practitioner	Procedure	518.00	**761.00**	**761.00**	**809.00**
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	1166.00	**1409.00**	**1409.00**	**1457.00**
12	**Major Theatre Procedures**					
1210	**Theatre Procedure Cat A – Facility Fee**	Procedure		785.00	1151.00	1328.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	84.00	**869.00**	**1235.00**	**1412.00**
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	162.00	**947.00**	**1313.00**	**1490.00**
1220	**Theatre Procedure Cat B – Facility Fee**	Procedure		1189.00	1744.00	2009.00

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1221	Theatre Procedure Cat B – General medical practitioner	Procedure	124.00	**1313.00**	**1868.00**	**2133.00**
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	282.00	**1471.00**	**2026.00**	**2291.00**
1230	**Theatre Procedure Cat C – Facility Fee**	Procedure		2042.00	2997.00	3459.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	196.00	**2238.00**	**3193.00**	**3655.00**
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	440.00	**2482.00**	**3437.00**	**3899.00**
1240	**Theatre Procedure Cat D – Facility Fee**	Procedure		5238.00	7683.00	8855.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	518.00	**5756.00**	**8201.00**	**9373.00**
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	1166.00	**6404.00**	**8849.00**	**10021.00**
13	**Treatments**					
1310	**Supplementary Health Treatment – Facility Fee**	Contact		33.00	33.00	39.00
1313	Supplementary health treatment-Nursing Practitioner	Contact	29.00	**62.00**	**62.00**	**68.00**
1314	Supplementary Health Treatment – Allied health practitioner	Contact	29.00	**62.00**	**62.00**	**68.00**
1320	**Supplementary Health Group Treatment – Facility Fee**	Contact		25.00	25.00	28.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	21.00	**46.00**	**46.00**	**49.00**
14	**Emergency Medical Services**					
1410	**Patient transport service – Facility Fee**	100km				
1420	**Basic life support – Facility Fee**	50km				
1430	**Intermediate life support – Facility Fee**	50km				
1440	**Advanced life support – Facility Fee**	50km				
1450	**Emergency service standby – Facility Fee**	Hour				
1451	Emergency service standby – General medical practitioner	Hour				
1452	Emergency service standby – Specialist medical practitioner	Hour	**See administrator's Notice no 646 of 29 August 1958**			
1453	Emergency service standby – Nursing practitioner	Hour				
1455	Emergency service standby – Basic life support practitioner	Hour				
1456	Emergency services standby-Intermediate life support practitioner	hour				
1457	Emergency services standby-Advanced life support practitioner	hour				
1460	**Rescue – Facility Fee**	hour				
1461	Rescue – General medical practitioner	hour				

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1462	Rescue – Specialist medical practitioner	hour				
1463	Rescue – Nursing practitioner	hour				
1465	Rescue- Basic life support practitioner	hour				
1466	Rescue – Intermediate life support practitioner	Hour				
1467	Rescue- Advanced life support practitioner	hour				
1470	Emergency transport air services fixed wing	Flying hour				
1480	Emergency transport air services helicopter	Flying hour				
1490	Emergency services standby-Facility Fee	Additional 50km				
15	**Assistive Devices & Prosthesis**					
1510	Assistive Devices-Item Fee	Item	Varies			
1520	Prosthetic Devices-Item Fee	Item	Varies			
1530	Dental Items -Item Fee	Item	Varies			
1540	Repairs of devices items	Item				
16	**Cosmetic Surgery**					
1610	**Cosmetic Surgery Cat A – Facility Fee**	Procedure		**[2564.00]**2718.00	**[2564.00]**2718.00	**[2929.00]**3105.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	**[1478.00]**1567.00	**[4042.00]4285.00**	**[4042.00]4285.00**	**[4407.00]4672.00**
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	**[2214.00]**2347.00	**[4778.00]5065.00**	**[4778.00]5065.00**	**[5143.00]5452.00**
1620	**Cosmetic Surgery Cat B – Facility Fee**	Procedure		**[5765.00]**6111.00	**[5765.00]**6111.00	**[6590.00]**6985.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	**[1752.00]** 1857.00	**[6721.00] 7517.00**	**[6721.00]7517.00**	**[7459.00]8342.00**
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	**[2627.00]**2785.00	**[7504.00]8392.00**	**[7504.00]8392.00**	**[8242.00]9217.00**
1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		**[9311.00]**9870.00	**[9311.00]**9870.00	**[10643.00]**11282.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	**[2961.00]**3139.00	**[12272.00]13009.00**	**[12272.00]13009.00**	**[13604.00]14421.00**
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	**[4441.00]**4707.00	**[13752.00]14577.00**	**[13752.00]14577.0**	**[15084.00]15989.00**
1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		**[15729.00]**16673.00	**[15729.00]**16673.00	**[17975.00]**19054.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	**[3322.00]**3521.00	**[19051.00]20194.00**	**[19051.00]20194.00**	**[21297.00]22575.00**
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	**[4888.00]**5181.00	**[20617.00]21854.00**	**[20617.00]21854.00**	**[22863.00]24235.00**
17	**Laboratory Services**					
1700	Drawing of Blood	Contact		19.00	19.00	19.00
1710	Laboratory Test	Varies				
18	**Radiation Oncology**					
1800	Radiation Oncology(NHRPL less VAT)	Item	Varies			
19	**Nuclear Medicines**					
1900	Itemisation of Isotopes	Item	Varies			

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1910	**Nuclear Medicines Cat A-Facility Fee**	Procedure		393.00	393.00	393.00
1912	Nuclear medicine Cat A-Specialist Practitioner	Procedure	196.00	**589.00**	**589.00**	**589.00**
1920	**Nuclear Medicines Cat B-Facility Fee**	Procedure		393.00	393.00	393.00
1922	Nuclear medicine Cat B-Specialist Practitioner	Procedure	588.00	**981.00**	**981.00**	**981.00**
1930	**Nuclear Medicines Cat C-Facility Fee**	Procedure		393.00	393.00	393.00
1932	Nuclear medicine Cat C-Specialist Practitioner	Procedure	1176.00	**1569.00**	**1569.00**	**1569.00**
1940	**Nuclear Medicines Cat D-Facility Fee**	Procedure		393.00	**393.00**	393.00
1942	Nuclear medicine Cat D-Specialist Practitioner	Procedure	1764.00	**2157.00**	**2157.00**	**2157.00**
1950	**Positron Emission Tomography(PET) Cat E-facility Fee**			3814.00	3814.00	3814.00
1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner		1907.00	**5721.00**	**5721.00**	**5721.00**
20	**Ambulatory Procedures**					
2010	**Ambulatory Procedures Cat A-Facility Fee**	Procedure		78.00	78.00	95.00
2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	28.00	**106.00**	**106.00**	**123.00**
2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	56.00	**134.00**	**134.00**	**151.00**
2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	17.00	**95.00**	**95.00**	**112.00**
2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	17.00	**95.00**	**95.00**	**112.00**
2020	**Ambulatory Procedures Cat B-Facility Fee**	Procedure		78.00	78.00	95.00
2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	40.00	**118.00**	**118.00**	**135.00**
2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	62.00	**140.00**	**140.00**	**157.00**
2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	22.00	**100.00**	**100.00**	**117.00**
2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	22.00	**100.00**	**100.00**	**117.00**
21	**Blood and Blood Products**					
2100	Blood and Blood Products	Varies				
22	**Hyperbaric Oxygen Therapy**					
2210	**Hyperbaric Oxygen Therapy-Facility Fee**	Session		815.00	815.00	815.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	344.00	**1159.00**	**1159.00**	**1159.00**
2212	Hyperbaric Oxygen Therapy-Specialist Medical practitioner	Session	344.00	**1159.00**	**1159.00**	**1159.00**
2220	**Emergency Hyperbaric Oxygen Therapy-Facility Fee**	Session		822.00	822.00	822.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	501.00	**1323.00**	**1323.00**	**1323.00**
2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	501.00	**1323.00**	**1323.00**	**1323.00**
23	**Consumables(Not included in Facility Fee)**					

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2300	Consumables(Not included in Facility Fee)	Item	Varies			
24	**Autopsies**					
2410	**Autopsy-Facility Fee**	Per Case		51.00	51.00	62.00
2411	Autopsy-General Practitioner	Per Case	57.00	**108.00**	**108.00**	**119.00**
2412	Autopsy-Specialist Practitioner	Per Case	132.00	**183.00**	**183.00**	**194.00**".

Substitution of Annexure 3 to Schedule B to the Regulations

5. The following Annexure is hereby substituted for Annexure 3 of Schedule B to the Regulations:

"ANNEXURE 3 TO SCHEDULE B

UPFS 2016 FEE SCHEDULE FOR FULL-PAYING PATIENTS

(PRIVATE PATIENTS)

CODE	*DESCRIPTION*	*BASIS*	*PROFESSIONAL FEE*	*FACILITY*		
				TOTAL FEE IN BOLD		
			R	LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
01	**Anesthetics**					
0111	Anaesthetics Cat A – General Medical Practitioner	Procedure	**[189.00]**200.00	**[189.00]200.00**	**[189.00]200.00**	**[189.00]200.00**
0112	Anaesthetics Cat A – Specialist Medical Practitioner	Procedure	**[284.00]**301.00	**[284.00]301.00**	**[284.00]301.00**	**[284.00]301.00**
0121	Anaesthetics Cat B – General Medical Practitioner	Procedure	**[322.00]**341.00	**[322.00]341.00**	**[322.00]341.00**	**[322.00]341.00**
0122	Anaesthetics Cat B – Specialist Medical Practitioner	Procedure	**[485.00]**514.00	**[485.00]514.00**	**[485.00]514.00**	**[485.00]514.00**
0131	Anaesthetics Cat C – General Medical Practitioner	Procedure	**[1133.00]**1201.00	**[1133.00]1201.00**	**[1133.00]1201.00**	**[1133.00]1201.00**
0132	Anaesthetics Cat C – Specialist Medical Practitioner	Procedure	**[1700.00]**1802.00	**[1700.00]1802.00**	**[1700.00]1802.00**	**[1700.00]1802.00**
02	**Confinement**					
0210	**Natural Birth- Facility Fee**	Incident		**[3496.00]**3706.00	**[3496.00]**3706.00	**[4070.00]**4213.00
0211	Natural Birth – General Medical Practitioner	Incident	**[1896.00]**2010.00	**[5392.00]5716.00**	**[5392.00]5716.00**	**[5966.00]6223.00**
0212	Natural Birth – Specialist Medical Practitioner	Incident	**[2448.00]**2095.00	**[5944.00]5801.00**	**[5944.00]5801.00**	**[6518.00]6308.00**
0213	Natural Birth – Nursing Practitioner	Incident	**[2294.00]**2432.00	**[5790.00]6138.00**	**[5790.00]6138.00**	**[6364.00]6645.00**
0220	**Caesarean Section – Facility Fee**	Incident		**[5504.00]**5834.00	**[5504.00]**5834.00	**[6406.00]**6790.00
0221	Caesarean Section – General Medical Practitioner	Incident	**[1896.00]**2010.00	**[7400.00]7844.00**	**[7400.00]7844.00**	**[8302.00]8800.00**
0222	Caesarean Section – Specialist Medical Practitioner	Incident	**[2448.00]**2095.00	**[7952.00]7929.00**	**[7952.00]7929.00**	**[8854.00]8885.00**
03	**Dialysis**					
0310	**Haemo – Facility Fee**	Day		**[1254.00]**1329.00	**[1254.00]**1329.00	**[1500.00]**1590.00
0311	Haemo-dialysis – General Medical Practitioner	Day	**[238.00]**252.00	**[1492.00]1581.00**	**[1492.00]1581.00**	**[1738.00]1842.00**
0312	Haemo-dialysis – Specialist Medical Practitioner	Day	**[299.00]**317.00	**[1553.00]1646.00**	**[1553.00]1646.00**	**[1799.00]1907.00**

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0313	Haemo-dialysis Nursing Practitioner	Day	[192.00]204.00	[1446.00]**1533.00**	[1446.00]**1533.00**	[1692.00]**1794.00**
0320	**Peritoneal Dialysis – Facility Fee**	Session		[193.00]205.00	[193.00]205.00	[220.00]233.00
0321	Peritoneal Dialysis – General Medical Practitioner	Session	[39.00]41.00	[232.00]**246.00**	[232.00]**246.00**	[259.00]**274.00**
0322	Peritoneal dialysis-Specialist Medical practitioner	Session	[46.00]49.00	[239.00]**254.00**	[239.00]**254.00**	[266.00]**282.00**
0323	Peritoneal dialysis-Nursing Practitioner	Session	[25.00]27.00	[218.00]**232.00**	[218.00]**232.00**	[245.00]**260.00**
0330	**Plasmapheresis-Facility Fee**	Session		[1254.00]1329.00	[1254.00]1329.00	[1436.00]1522.00
0331	Plasmapheresis- General Medical Practitioner	Session	[238.00]252.00	[1492.00]**1581.00**	[1492.00]**1581.00**	[1674.00]**1774.00**
0332	Plasmapheresis-Specialist Medical Practitioner	Session	[299.00]317.00	[1553.00]**1846.00**	[1553.00]**1846.00**	[1735.00]**1839.00**
04	**Medical Reports**					
0410	Medical Report – Facility Fee	Report		[121.00]128.00	[121.00]128.00	[147.00]156.00
0411	Medical Report – General Medical Practitioner	Report	[227.00]241.00	[348.00]**369.00**	[348.00]**369.00**	[374.00]**397.00**
0412	Medical Report – Specialist Medical Practitioner	Report	[348.00]369.00	[469.00]**497.00**	[469.00]**497.00**	[495.00]**525.00**
0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General Medical Practitioner	Copies	[113.00]120.00	[234.00]**248.00**	[234.00]**248.00**	[260.00]**276.00**
0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist Medical Practitioner	Copies	[175.00]186.00	[296.00]**314.00**	[296.00]**314.00**	[322.00]**342.00**
0425	Copies of X ray, ultrasounds ect.	Copies	[113.00]120.00	[234.00]**248.00**	[234.00]**248.00**	[260.00]**276.00**
05	**Imaging**					
0510	**Radiology, Cat A – Facility Fee**	Procedure		[64.00]68.00	[64.00]68.00	[71.00]75.00
0511	Radiology, Cat A – General Medical Practitioner	Procedure	[62.00]66.00	[126.00]**134.00**	[126.00]**134.00**	[133.00]**141.00**
0512	Radiology, Cat A – Specialist Medical Practitioner	Procedure	[116.00]123.00	[180.00]**191.00**	[180.00]**191.00**	[187.00]**198.00**
0514	Radiology, Cat A – Allied Health Practitioner	Procedure	[61.00]65.00	[125.00]**133.00**	[125.00]**133.00**	[132.00]**140.00**
0520	**Radiology, Cat B – Facility Fee**	Procedure		[175.00]186.00	[175.00]186.00	[200.00]212.00
0521	Radiology, Cat B – General Medical Practitioner	Procedure	[168.00]178.00	[343.00]364.00	[343.00]364.00	[368.00]**390.00**
0522	Radiology, Cat B – Specialist Medical Practitioner	Procedure	[327.00]347.00	[502.00]**533.00**	[502.00]**533.00**	[527.00]**559.00**
0524	Radiology, Cat B – Allied Health Practitioner	Procedure	[163.00]173.00	[338.00]**359.00**	[338.00]**359.00**	[363.00]**385.00**
0530	**Radiology, Cat C – Facility Fee**	Procedure		[811.00]430.00	[811.00]430.00	[925.00]491.00
0531	Radiology, Cat C – General Medical Practitioner	Procedure	[520.00]277.00	[1331.00]**707.00**	[1331.00]**707.00**	[1445.00]**768.00**
0532	Radiology, Cat C – Specialist Medical Practitioner	Procedure	[1599.00]848.00	[2410.00]**1278.00**	[2410.00]**1278.00**	[2524.00]**1339.00**
0540	**Radiology, Cat D – Facility Fee**	Procedure		[2066.00]860.00	[2066.00]860.00	[2362.00]981.00

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0541	Radiology, Cat D – General Medical Practitioner	Procedure	[1913.00]551.00	[3979.00]1411.00	[3979.00]1411.00	[4275.00]1532.00
0542	Radiology, Cat D – Specialist Practitioner	Procedure	[3991.00]1695.00	[6057.00]2555.00	[6057.00]2555.00	[6353.00]2676.00
0550	**Radiology, Cat E – Facility Fee**	Procedure		2190	2190	2504
0551	Radiology, Cat E – General Medical Practitioner	Procedure	2028	**4218**	**4218**	**4532**
0552	Radiology, Cat E – Specialist Practitioner	Procedure	4230	**6420**	**6420**	**6734**
06	**In-patients**					
0610	**In-patient General ward – Facility Fee**	Day		[642.00]681.00	[819.00]868.00	[1548.00]1641.00
0611	In-patient General Ward – General Medical Practitioner	Day	[133.00]141.00	[775.00]822.00	[952.00]1009.00	[1681.00]1782.00
0612	In-patient General Ward – Specialist Medical Practitioner	Day	[233.00]247.00	[875.00]928.00	[1052.00]1115.00	[1781.00]1888.00
0620	**In-patient High care – Facility Fee**	12 hours		[997.00]1057.00	[1245.00]1320.00	[1785.00]1892.00
0621	In-patient High Care – General Medical Practitioner	12 hours	[69.00]73.00	[1066.00]1130.00	[1314.00]1393.00	[1854.00]1965.00
0622	In-patient High Care – Specialist Medical Practitioner	12 hours	[132.00]140.00	[1129.00]1197.00	[1377.00]1460.00	[1917.00]1892.00
0630	**In-patient Intensive care – Facility Fee**	12 hours		[3274.00]3470.00	[3274.00]3470.00	[3913.00]4148.00
0631	In-patient Intensive Care – General Medical Practitioner	12 hours	[77.00]82.00	[3351.00]3552.00	[3351.00]3552.00	[3990.00]4230.00
0632	In-patient Intensive Care– Specialist Medical Practitioner	12 hours	[147.00]156.00	[3421.00]3626.00	[3421.00]3626.00	[4060.00]4304.00
0640	**In-patient Chronic care – Facility Fee**	Day		[377.00]400.00	[377.00]400.00	[377.00]400.00
0641	In-patient Chronic care – General Medical Practitioner	Day	[43.00]46.00	[420.00]446.00	[420.00]446.00	[420.00]446.00
0642	In-patient Chronic care – Specialist Medical Practitioner	Day	[102.00]108.00	[479.00]508.00	[479.00]508.00	[479.00]508.00
0643	I In-patient Chronic care – Nursing Practitioner	Day	[25.00]27.00	[402.00]427.00	[402.00]427.00	[402.00]427.00
0650	**Day patient – Facility Fee**	Day		[535.00]567.00	[675.00]716.00	[989.00]1048.00
0651	Day patient – General Medical Practitioner	Day	[133.00]141.00	[668.00]708.00	[808.00]857.00	[1122.00]1189.00
0652	Day patient – Specialist Medical Practitioner	Day	[233.00]247.00	[768.00]814.00	[908.00]963.00	[1222.00]1295.00
0653	Day patient – Nursing Practitioner	Day	[77.00]82.00	[612.00]649.00	[752.00]798.00	[1066.00]1130.00
0660	**In-patient Boarder/Patient companion – Facility Fee**	Day		[307.00]325.00	[307.00]325.00	[307.00]325.00
0663	In-patient Boarder/Patient Companion – Nursing Practitioner	Day	[25.00]27.00	[332.00]352.00	[332.00]352.00	[332.00]352.00
07	**Mortuary**					
0710	**Mortuary – Facility Fee**	Day		173.00	173.00	197.00
0720	Cremation Certificate – Facility Fee	Certificate		173.00	173.00	197.00
08	**Pharmaceutical**					
0810	**Medication Fee – Facility Fee**	Prescripti		[28.00]30.00	[28.00]30.00	[36.00]38.00

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		on				
0815	Item Fee	Item	Varies			
0816	Pharmaceutical-TTO	Item	Varies			
0817	Pharmaceutical- Chronic	Item	Varies			
0818	Pharmaceutical- Oncology	Item	Varies			
0819	Pharmaceutical- Immune Suppressant Drugs	Item	Varies			
0820	Pharmaceutical Flat Fee-OPD	Item	Varies			
0825	Pharmaceutical Flat Fee-IP	Item	Varies			
09	**Oral Health**					
0910	**Oral Care Cat A – Facility Fee**	Procedure		**[24.00]**25.00	**[24.00]**25.00	**[26.00]**28.00
0911	Oral Care Cat A – General Practitioner	Procedure	**[42.00]**38.00	**[66.00]63.00**	**[66.00]63.00**	**[68.00]66.00**
0912	Oral Care Cat A – Specialist Practitioner	Procedure	**[36.00]**45.00	**[60.00]70.00**	**[60.00]70.00**	**[62.00]73.00**
0914	Oral Care Cat A – Allied Health Practitioner	Procedure	**[31.00]**33.00	**[55.00]58.00**	**[55.00]58.00**	**[57.00]61.00**
0920	**Oral Care Cat B – Facility Fee**	Procedure		**[73.00]**77.00	**[73.00]**77.00	**[86.00]**91.00
0921	Oral Care Cat B – General Practitioner	Procedure	**[83.00]**88.00	**[156.00]165.00**	**[156.00]165.00**	**[169.00]179.00**
0922	Oral Health Cat B – Specialist Practitioner	Procedure	**[131.00]**139.00	**[204.00]216.00**	**[204.00]216.00**	**[217.00]230.00**
0924	Oral Care Cat B – Allied Health practitioner	Procedure	**[67.00]**71.00	**[140.00]148.00**	**[140.00]148.00**	**[153.00]162.00**
0930	**Oral Care Cat C – Facility Fee**	Procedure		**[453.00]**480.00	**[453.00]**480.00	**[519.00]**551.00
0931	Oral Care Cat C – General Practitioner	Procedure	**[501.00]**531.00	**[954.00]1011.00**	**[954.00]1011.00**	**[1020.00]1082.00**
0932	Oral Care Cat C – Specialist Practitioner	Procedure	**[860.00]**913.00	**[1313.00]1393.00**	**[1313.00]1393.00**	**[1379.00]1464.00**
0940	**Oral Care Cat D – Facility Fee**	Procedure		**[1781.00]**1888.00	**[1781.00]**1888.00	**[2039.00]**2161.00
0941	Oral Care Cat D – General Practitioner	Procedure	**[1538.00]**1630.00	**[3319.00]3518.00**	**[3319.00]3518.00**	**[3577.00]3791.00**
0942	Oral Care Cat D – Specialist Practitioner	Procedure	**[3155.00]**3344.00	**[4936.00]6862.00**	**[4936.00]6862.00**	**[5194.00]5505.00**
0950	**Oral Care Cat E – Facility Fee**	Procedure		**[6000.00]**6360.00	**[6000.00]**6360.00	**[6857.00]**7268.00
0951	Oral Care Cat E – General Practitioner	Procedure	**[5171.00]**5481.00	**[11171.00]11841.00**	**[11171.00]11841.00**	**[12028.00]12749.00**
0952	Oral Care Cat E – Specialist Practitioner	Procedure	**[10610.00]**11247.00	**[16610.00]17607.00**	**[16610.00]17607.00**	**[17467.00]18515.00**
10	**Consultations**					
1010	**Outpatient Consultation – Facility Fee**	Visit		**[79.00]**84.00	**[79.00]**84.00	**[95.00]**101.00
1011	Outpatient Consultation – General Medical Practitioner	Visit	**[88.00]**93.00	**[167.00]177.00**	**[167.00]177.00**	**[183.00]194.00**
1012	Outpatient Consultation – Specialist Medical Practitioner	Visit	**[204.00]**216.00	**[283.00]300.00**	**[283.00]300.00**	**[299.00]317.00**
1013	Outpatient Consultation – Nursing Practitioner	Visit	**[51.00]**54.00	**[130.00]138.00**	**[130.00]138.00**	**[146.00]155.00**
1014	Outpatient Consultation –	Visit	**[53.00]**56.00	**[132.00]140.00**	**[132.00]140.00**	**[148.00]157.00**

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	Allied Health Practitioner					
1020	**Emergency Consultation – Facility Fee**	Visit		**[160.00]**170.00	**[160.00]**170.00	**[192.00]**204.00
1021	Emergency Consultation – General Medical Practitioner	Visit	**[133.00]**141.00	**[293.00]311.00**	**[293.00]311.00**	**[325.00]345.00**
1022	Emergency Consultation – Specialist Medical Practitioner	Visit	**[305.00]**323.00	**[465.00]493.00**	**[465.00]493.00**	**[497.00]527.00**
1023	Emergency Consultation – Nursing Practitioner	Visit	**[77.00]**82.00	**[237.00]252.00**	**[237.00]252.00**	**[269.00]286.00**
1024	Emergency Consultation – Allied Health Practitioner	Visit	**[79.00]**84.00	**[239.00]254.00**	**[239.00]254.00**	**[271.00]288.00**
1030	**Follow-Up Outpatient Consultation-Facility Fee**			**[79.00]**84.00	**[79.00]**84.00	**[95.00]**101.00
1031	Follow-Up Outpatient Consultation-General Medical practitioner		**[88.00]**93.00	**[167.00]177.00**	**[167.00]177.00**	**[183.00]194.00**
1032	Follow-Up Outpatient Consultation-Specialist Medical Practitioner		**[204.00]**216.00	**[283.00]300.00**	**[283.00]300.00**	**[299.00]317.00**
1033	Follow-Up Outpatient Consultation-Nursing Practitioner		**[51.00]**54.00	**[130.00]138.00**	**[130.00]138.00**	**[146.00]155.00**
1034	Follow-Up Outpatient Consultation-Allied Health practitioner		**[53.00]**56.00	**[132.00]140.00**	**[132.00]140.00**	**[148.00]157.00**
11	**Minor Theatre Procedures**					
1110	**Minor Procedure Cat A – Facility Fee**	Procedure		**[377.00]**400.00	**[377.00]**400.00	**[452.00]479.00**
1111	Minor Procedure Cat A – General Medical Practitioner	Procedure	**[131.00]**139.00	**[508.00]539.00**	**[508.00]539.00**	**[583.00]618.00**
1112	Minor Procedure Cat A – Specialist Medical Practitioner	Procedure	**[251.00]**266.00	**[628.00]666.00**	**[628.00]666.00**	**[703.00]745.00**
1120	**Minor Procedure Cat B – Facility Fee**	Procedure		**[377.00]**400.00	**[377.00]**400.00	**[452.00]**479.00
1121	Minor Procedure Cat B – General Medical Practitioner	Procedure	**[193.00]**205.00	**[570.00]605.00**	**[570.00]605.00**	**[645.00]684.00**
1122	Minor Procedure Cat B – Specialist Medical Practitioner	Procedure	**[437.00]**463.00	**[814.00]863.00**	**[814.00]863.00**	**[889.00]942.00**
1130	**Minor Procedure Cat C – Facility Fee**	Procedure		**[377.00]400.00**	**[377.00]400.00**	**[452.00]479.00**
1131	Minor Procedure Cat C – General Medical Practitioner	Procedure	**[304.00]**322.00	**[681.00]**722.00	**[681.00]**722.00	**[756.00]**801.00
1132	Minor Procedure Cat C – Specialist Medical Practitioner	Procedure	**[683.00]**724.00	**[1060.00]1124.00**	**[1060.00]1124.00**	**[1135.00]1203.00**
1140	**Minor Procedure Cat D – Facility Fee**	Procedure		**[377.00]**400.00	**[377.00]**400.00	**[452.00]**479.00
1141	Minor Procedure Cat D – General Medical Practitioner	Procedure	**[803.00]**851.00	**[1180]1251.00**	**[1180]1251.00**	**[1255.00]1330.00**
1142	Minor Procedure Cat D – Specialist Medical Practitioner	Procedure	**[1810.00]**1919.00	**[2187.00]2319.00**	**[2187.00]2319.00**	**[2262.00]2398.00**
12	**Major Theatre Procedures**					
1210	**Theatre Procedure Cat A – Facility Fee**	Procedure		**[1219.00]**1292.00	**[1785.00]**1892.00	**[2059.00]**2183.00
1211	Theatre Procedure Cat A – General Medical Practitioner	Procedure	**[131.00]**139.00	**[1350.00]1431.00**	**[1916.00]2031.00**	**[2190.00]2322.00**
1212	Theatre Procedure Cat A –	Procedure	**[251.00]**266.00	**[1470.00]1558.00**	**[2036.00]2158.00**	**[2310.00]2449.00**

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	Specialist Medical Practitioner					
1220	**Theatre Procedure Cat B – Facility Fee**	Procedure		**[1844.00]**1955.00	**[2707.00]**2869.00	**[3116.00]**3303.00
1221	Theatre Procedure Cat B – General Medical Practitioner	Procedure	**[193.00]**205.00	**[2037.00]2160.00**	**[2900.00]3074.00**	**[3309.00]3508.00**
1222	Theatre Procedure Cat B – Specialist Medical Practitioner	Procedure	**[437.00]**463.00	**[2281.00]2418.00**	**[3144.00]3332.00**	**[3553.00]3766.00**
1230	**Theatre Procedure Cat C – Facility Fee**	Procedure		**[3169.00]**3359.00	**[4649.00]**4928.00	**[5365.00]**5687.00
1231	Theatre Procedure Cat C – General Medical Practitioner	Procedure	**[304.00]**322.00	**[3473.00]3681.00**	**[4953.00]5250.00**	**[5669.00]6009.00**
1232	Theatre Procedure Cat C – Specialist Medical Practitioner	Procedure	**[683.00]**724.00	**[3852.00]4083.00**	**[5332.00]5652.00**	**[6048.00]6411.00**
1240	**Theatre Procedure Cat D – Facility Fee**	Procedure		**[8125.00]**8613.00	**[11917.00]**12632.00	**[13733.00]**14557.00
1241	Theatre Procedure Cat D – General Medical Practitioner	Procedure	**[803.00]**851.00	**[8928.00]9464.00**	**[12720.00]13483.00**	**[14536.00]15408.00**
1242	Theatre Procedure Cat D – Specialist Medical Practitioner	Procedure	**[1810.00]**1919.00	**[9935.00]10532.00**	**[13727.00]14551.00**	**[15543.00]16476.00**
13	**Treatments**					
1310	**Supplementary Health Treatment – Facility Fee**	Contact		**[51.00]**54.00	**[51.00]**54.00	**[61.00]**65.00
1313	Supplementary Health Treatment-Nursing Practitioner	Contact	**[44.00]**47.00	**[95.00]101.00**	**[95.00]101.00**	**[105.00]112.00**
1314	Supplementary Health Treatment – Allied Health Practitioner	Contact	**[44.00]**47.00	**[95.00]101.00**	**[95.00]101.00**	**[105.00]112.00**
1320	**Supplementary Health Group Treatment – Facility Fee**	Contact		**[40.00]**42.00	**[40.00]**42.00	**[43.00]**46.00
1324	Supplementary Health Group Treatment – Allied Health Practitioner	Contact	**[31.00]**33.00	**[71.00]75.00**	**[71.00]75.00**	**[74.00]79.00**
14	**Emergency Medical Services**					
1410	**Patient transport service – Facility Fee**	100km				
1420	**Basic life support – Facility Fee**	50km				
1430	**Intermediate life support – Facility Fee**	50km				
1440	**Advanced life support – Facility Fee**	50km				
1450	**Emergency service standby – Facility Fee**	Once off				
1451	Emergency service standby – General medical practitioner	Hour				
1452	Emergency service standby – Specialist medical practitioner	Hour				
1453	Emergency service standby – Nursing practitioner	Hour				
1455	Emergency service standby – Basic life support practitioner	Hour				
1456	Emergency services standby-Intermediate life support practitioner	Hour	**See Administrator's Notice No. 646 of 29 August 1958**			
1457	Emergency services standby-Advanced life support practitioner	Hour				

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1460	**Rescue – Facility Fee**	Hour				
1461	Rescue – General medical practitioner	Hour				
1462	Rescue – Specialist medical practitioner	Hour				
1463	Rescue – Nursing practitioner	Hour				
1465	Rescue- Basic life support practitioner	Hour				
1466	Rescue – Intermediate life support practitioner	Hour				
1467	Rescue- Advanced life support practitioner	Hour				
1470	Emergency transport air services fixed wing	Flying hour				
1480	Emergency transport air services helicopter	Flying hour				
1490	**Emergency services standby-Facility Fee**	Additional 50km				
15	**Assistive Devices & Prosthesis**					
1510	Assistive Devices-Item Fee	Item	Varies			
1520	Prosthetic Devices-Item Fee	Item	Varies			
1530	Dental Items -Item Fee	Item	Varies			
1540	Repairs of devices items	Item				
16	**Cosmetic Surgery**					
1610	**Cosmetic Surgery Cat A – Facility Fee**	Procedure		**[2564.00]**2718.00	**[2564.00]**2718.00	**[2929.00]**3105.00
1611	Cosmetic Surgery Cat A – General Practitioner	Procedure	**[1478.00]**1567.00	**[4042.00]4285.00**	**[4042.00]4285.00**	**[4407.00]4672.00**
1612	Cosmetic Surgery Cat A – Specialist Practitioner	Procedure	**[2214.00]**2347.00	**[4778.00]5065.00**	**[4778.00]5065.00**	**[5143.00]5452.00**
1620	**Cosmetic Surgery Cat B – Facility Fee**	Procedure		**[5765.00]**6111.00	**[5765.00]**6111.00	**[6590.00]**6985.00
1621	Cosmetic Surgery Cat B – General Practitioner	Procedure	**[1752.00]**1857.00	**[7517.00]7968.00**	**[7517.00]7968.00**	**[8342.00]8842.00**
1622	Cosmetic Surgery Cat B – Specialist Practitioner	Procedure	**[2627.00]**2785.00	**[8392.00]8896.00**	**[8392.00]8896.00**	**[9217.00]9770.00**
1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		**[9311.00]**9870.00	**[9311.00]**9870.00	**[10643.00]**11282.00
1631	Cosmetic Surgery Cat C – General Practitioner	Procedure	**[2961.00]**3139.00	**[12272.00]13009.00**	**[12272.00]13009.00**	**[13604.00]14421.00**
1632	Cosmetic Surgery Cat C – Specialist Practitioner	Procedure	**[4441.00]**4707.00	**[13752.00]14577.00**	**[13752.00]14577.00**	**[15084.00]15989.00**
1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		**[15729.00]**16673.00	**[15729.00]**16673.00	**[17975.00]**19054.00
1641	Cosmetic Surgery Cat D – General Practitioner	Procedure	**[3322.00]**3521.00	**[19051.00]20194.00**	**[19051.00]20194.00**	**[21297.00]22575.00**
1642	Cosmetic Surgery Cat D – Specialist Practitioner	Procedure	**[4888.00]**5181.00	**[20617.00]21854.00**	**[20617.00]21854.00**	**[22863.00]24235.00**
17	**Laboratory Services**					
1700	Drawing of Blood	Contact		**[31.00]**33.00	**[31.00]**33.00	**[31.00]**33.00
1710	Laboratory Test	Varies				
18	**Radiation Oncology**					
1800	Radiation Oncology(NHRPL	Item	**Varies**			

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19	**Nuclear Medicines**					
1900	Itemisation of Isotopes	Item	**Varies**			
1910	**Nuclear Medicines Cat A-Facility Fee**	Procedure		**[576.00]**611.00	**[576.00]**611.00	**[576.00]**611.00
1912	Nuclear medicine Cat A-Specialist Practitioner	Procedure	**[286.00]**303.00	**[862.00]914.00**	**[862.00]914.00**	**[862.00]914.00**
1920	**Nuclear Medicines Cat B-Facility Fee**	Procedure		**[576.00]**611.00	**[576.00]**611.00	**[576.00]**611.00
1922	Nuclear medicine Cat B-Specialist Practitioner	Procedure	**[861.00]**913.00	**[1437.00]1524.00**	**[1437.00]1524.00**	**[1437.00]1524.00**
1930	**Nuclear Medicines Cat C-Facility Fee**	Procedure		**[576.00]**611.00	**[576.00]**611.00	**[576.00]**611.00
1932	Nuclear medicine Cat C-Specialist Practitioner	Procedure	**[1722.00]**1825.00	**[2298.00]2436.00**	**[2298.00]2436.00**	**[2298.00]2436.00**
1940	**Nuclear Medicines Cat D-Facility Fee**	Procedure		**[576.00]**611.00	**[576.00]**611.00	**[576.00]**611.00
1942	Nuclear medicine Cat D-Specialist Practitioner	Procedure	**[2583.00]**2738.00	**[3159.00]3349.00**	**[3159.00]3349.00**	**[3159.00]3349.00**
1950	**Positron Emission Tomography(PET) Cat E-facility Fee**	Procedure		**[5586.00]**5921.00	**[5586.00]**5921.00	**[5586.00]**5921.00
1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner	Procedure	**[2793.00]**2961.00	**[8379.00]8882.00**	**[8379.00]8882.00**	**[8379.00]8882.00**
20	**Ambulatory Procedures**					
2010	**Ambulatory Procedures Cat A-Facility Fee**	Procedure		**[121.00]**128.00	**[121.00]**128.00	**[147.00]**156.00
2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	**[43.00]**46.00	**[164.00]174.00**	**[164.00]174.00**	**[190.00]202.00**
2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	**[87.00]**92.00	**[208.00]220.00**	**[208.00]220.00**	**[234.00]248.00**
2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	**[25.00]**27.00	**[146.00]155.00**	**[146.00]155.00**	**[172.00]183.00**
2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	**[25.00]**27.00	**[146.00]155.00**	**[146.00]155.00**	**[172.00]183.00**
2020	**Ambulatory Procedures Cat B-Facility Fee**	Procedure		**[121.00]**128.00	**[121.00]**128.00	**[147.00]**156.00
2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	**[62.00]**66.00	**[183.00]194.00**	**[183.00]194.00**	**[209.00]222.00**
2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	**[95.00]**101.00	**[216.00]229.00**	**[216.00]229.00**	**[242.00]257.00**
2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	**[36.00]**38.00	**[157.00]166.00**	**[157.00]166.00**	**[183.00]194.00**
2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	**[36.00]**38.00	**[157.00]166.00**	**[157.00]166.00**	**[183.00]194.00**
21	**Blood and Blood Products**					
2100	Blood and Blood Products	Varies				
22	**Hyperbaric Oxygen Therapy**					
2210	**Hyperbaric Oxygen Therapy-Facility Fee**	Session		**[1264.00]**1340.00	**[1264.00]**1340.00	**[1264.00]**1340.00
2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	**[534.00]**566.00	**[1798.00]1906.00**	**[1798.00]1906.00**	**[1798.00]1906.00**
2212	Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	**[534.00]**566.00	**[1798.00]1906.00**	**[1798.00]1906.00**	**[1798.00]1906.00**
2220	**Emergency Hyperbaric Oxygen Therapy-Facility Fee**	Session		**[1274.00]**1350.00	**[1274.00]**1350.00	**[1274.00]**1350.00
2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	[778.00]825.00	**[2052.00]2175.00**	**[2052.00]2175.00**	**[2052.00]2175.00**
2222	Emergency Hyperbaric Oxygen	Session	**[778.00]**825.00	**[2052.00]2175.00**	**[2052.00]2175.00**	**[2052.00]2175.00**

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	Therapy-Specialist Medical Practitioner					
23	**Consumables(Not included in Facility Fee)**					
2300	Consumables(Not included in Facility Fee)	Item	**Varies**			
24	**Autopsies**					
2410	**Autopsy-Facility Fee**	Per Case		**[79.00]**84.00	**[79.00]**84.00	**[95.00]**101.00
2411	Autopsy-General Practitioner	Per Case	**[88.00]**93.00	**[167.00]177.00**	**[167.00]177.00**	**[183.00]194.00**
2412	Autopsy-Specialist Practitioner	Per Case	**[204.00]**216.00	**[283.00]300.00**	**[283.00]300.00**	**[299.00]317.00**".

Substitution of Annexure 4 to Schedule B to the Regulations

6. The following Annexure is hereby substituted for Annexure 4 to Schedule B to the Regulations:

"ANNEXURE 4 TO SCHEDULE B

UPFS 2016 FEE SCHEDULE FOR FULL-PAYING PATIENTS

(FOLATENG WARDS)

CODE	*DESCRIPTION*	*BASIS*	*PROFESSIONAL FEE*	*FACILITY*		
				TOTAL FEE IN BOLD		
			R	**LEVEL 1** **R**	**LEVEL 2** **R**	**LEVEL 3** **R**
01	**Anaesthetics**					
DA0111	Anaesthetics Cat A – General medical practitioner	Procedure	**[189.00]**200.00			
DA0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	**[284.00]**301.00			
DA0121	Anaesthetics Cat B – General medical practitioner	Procedure	**[322.00]**341.00			
DA0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	**[485.00]**514.00			
DA0131	Anaesthetics Cat C – General medical practitioner	Procedure	**[1133.00]**1201.00			
DA0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	**[1700.00]**1802.00			
02	**Confinement**					
DA0210	**Natural Birth- Facility Fee**	Incident		**[4474.00]**4742.00	**[4474.00]**4742.00	**[4474.00]**4742.00
DA0211	Natural Birth – General Medical Practitioner	Incident	**[1896.00]**2010.00	**6752**	**6752**	**6752**
DA0212	Natural Birth – Specialist Medical Practitioner	Incident	**[2448.00]**2095.00	**6837**	**6837**	**6837**
DA0213	Natural Birth – Nursing Practitioner	Incident	**[2294.00]**2432.00	**7174**	**7174**	**7174**
DA0220	**Caesarean Section – Facility Fee**	Incident		**[7046.00]**7469.00	**[7046.00]**7469.00	**[7046.00]**7469.00
DA0221	Caesarean Section – General Medical Practitioner	Incident	**[1896.00]**2010.00	**9479**	**9479**	**9479**
DA0222	Caesarean Section – Specialist	Incident	**[2448.00]**2595.00	**10064**	**10064**	**10064**

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	Medical Practitioner					
03	**Dialysis**					
DA0310	**Haemo – Facility Fee**	Day		**[1381.00]**1464.00	**[1381.00]**1464.00	**[1584.00]**1676.00
DA0311	Haemo-dialysis – General medical practitioner	Day	**[238.00]**252.00	**1716.00**	**1716.00**	**1928.00**
DA0312	Haemo-dialysis – Specialist medical practitioner	Day	**[299.00]**317.00	**1781.00**	**1781.00**	**1993.00**
DA0313	Haemo-dialysis Nursing Practitioner	Day	**[192.00]**204.00	**1668.00**	**1668.00**	**1880.00**
DA0320	**Peritoneal Dialysis – Facility Fee**	Session		**[212.00]**225.00	**[212.00]**225.00	**[243.00]**258.00
DA0321	Peritoneal Dialysis – General medical practitioner	Session	**[39.00]**41.00	**266.00**	**266.00**	**299.00**
DA0322	Peritoneal dialysis-Specialist Medical practitioner	Session	**[46.00]**49.00	**274.00**	**274.00**	**307.00**
DA0323	Peritoneal dialysis-Nursing Practitioner	Session	**[25.00]**27.00	**252.00**	**252.00**	**285.00**
DA0330	**Plasmapheresis-Facility Fee**	Session		**[1381.00]**1464.00	**[1381.00]**1464.00	**[1581.00]**1676.00
DA0331	Plasmapheresis- General medical practitioner	Session	**[238.00]**252.00	**1716.00**	**1716.00**	**1928.00**
DA0332	Plasmapheresis-Specialist Medical Practitioner	Session	**[299.00]**317.00	**1781.00**	**1781.00**	**1993.00**
04	**Medical Reports**					
DA0410	**Medical Report – Facility Fee**	Report		**[133.00]**141.00	**[133.00]**141.00	**[162.00]**172.00
DA0411	Medical Report – General medical practitioner	Report	**[227.00]**241.00	**382.00**	**382.00**	**413.00**
DA0412	Medical Report – Specialist medical practitioner	Report	**[348.00]**369.00	**510.00**	**510.00**	**541.00**
DA0421	Copies of Medical Report, Records, X ray, Completion of certificates/Form-General medical practitioner	Copies	**[113.00]**120.00			
DA0422	Copies of Medical Report, Records, X ray, Completion of certificates/Form-Specialist medical practitioner	Copies	**[175.00]**186.00			
DA0425	Copies of X ray, ultrasounds ect.	Copies	**[113.00]**120.00			
05	**Imaging**					
DA0510	**Radiology, Cat A – Facility Fee**	Procedure		**[69.00]**73.00	**[69.00]**73.00	**[79.00]**84.00
DA0511	Radiology, Cat A – General medical practitioner	Procedure	**[62.00]**66.00	**139.00**	**139.00**	**150.00**
DA0512	Radiology, Cat A – Specialist medical practitioner	Procedure	**[116.00]**123.00	**196.00**	**196.00**	**207.00**
DA0514	Radiology, Cat A – Allied health practitioner	Procedure	**[61.00]**65.00	**138.00**	**138.00**	**149.00**
DA0520	**Radiology, Cat B – Facility Fee**	Procedure		**[192.00]**204.00	**[192.00]**204.00	**[220.00]**233.00
DA0521	Radiology, Cat B – General medical practitioner	Procedure	**[168.00]**178.00	**382.00**	**382.00**	**411.00**
DA0522	Radiology, Cat B – Specialist medical practitioner	Procedure	**[327.00]**347.00	**551.00**	**551.00**	**580.00**

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DA0524	Radiology, Cat B – Allied health practitioner	Procedure	[163.00]173.00	377.00	377.00	406.00
DA0530	**Radiology, Cat C – Facility Fee**	Procedure		[894.00]474.00	[894.00]474.00	[1020.00]541.00
DA0531	Radiology, Cat C – General medical practitioner	Procedure	[520.00]277.00	751.00	751.00	818.00
DA0532	Radiology, Cat C – Specialist medical practitioner	Procedure	[1599.00]848.00	1322.00	1322.00	1389.00
DA0540	**Radiology, Cat D – Facility Fee**	Procedure		[2275.00]948.00	[2275.00]948.00	[2598.00]1081.00
DA0541	Radiology, Cat D – General medical practitioner	Procedure	[1913.00]551.00	1499.00	1499.00	1632.00
DA0542	Radiology, Cat D – Specialist Practitioner	Procedure	[3991.00]1695.00	2643.00	2643.00	2776.00
DA0550	**Radiology, Cat E – Facility Fee**	Procedure		2412.00	2412.00	2754.00
DA0551	Radiology, Cat E – General Medical Practitioner	Procedure	2028.00	4440.00	4440.00	4782.00
DA0552	Radiology, Cat E – Specialist Practitioner	Procedure	4230.00	6642.00	6642.00	6984.00
06	**In-patients**					
DA0610	**In-patient General ward – Facility Fee**	Day		[1548.00]1641.00	[1548.00] 1641.00	[1548.00]1641.00
DA0611	In-patient General Ward – General medical practitioner	Day	[133.00]141.00	1782.00	1782.00	1782.00
DA0612	In-patient General Ward – Specialist medical practitioner	Day	[233.00]247.00	1888.00	1888.00	1888.00
DA0620	**In-patient High care – Facility Fee**	12 hours		[1785.00]1892.00	[1785.00]1892.00	[1785.00]1892.00
DA0621	In-patient High Care – General medical practitioner	12 hours	[69.00]73.00	1965.00	1965.00	1965.00
DA0622	In-patient High Care – Specialist medical practitioner	12 hours	[132.00]140.00	2032.00	2032.00	2032.00
DA0630	**In-patient Intensive care – Facility Fee**	12 hours		[3913.00]4148.00	[3913.00]4148.00	[3913.00]4148.00
DA0631	In-patient Intensive Care – General medical practitioner	12 hours	[77.00]82.00	4230.00	4230.00	4230.00
DA0632	In-patient Intensive Care– Specialist medical practitioner	12 hours	[147.00]156.00	4304.00	4304.00	4304.00
DA0640	**In-patient Chronic care – Facility Fee**	Day		[377.00]400.00	[377.00]400.00	[377.00]400.00
DA0641	In-patient Chronic care – General medical practitioner	Day	[43.00]46.00	446.00	446.00	446.00
DA0642	In-patient Chronic care – Specialist medical practitioner	Day	[102.00]108.00	508.00	508.00	508.00
DA0643	I In-patient Chronic care – Nursing practitioner	Day	[25.00]27.00	427.00	427.00	427.00
DA0650	**Day patient – Facility Fee**	Day		[989.00]1048.00	[989.00]1048.00	[989.00]1048.00
DA0651	Day patient – General medical practitioner	Day	[133.00]141.00	1189.00	1189.00	1189.00
DA0652	Day patient – Specialist medical practitioner	Day	[233.00]247.00	1295.00	1295.00	1295.00
DA0653	Day patient – Nursing practitioner	Day	[77.00]82.00	1130.00	1130.00	1130.00

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DA0660	**In-patient Boarder/Patient companion – Facility Fee**	Day		**[307.00]**325.00	**[307.00]**325.00	**[307.00]**325.00
DA0663	In-patient Boarder/Patient Companion – Nursing practitioner	Day	**[25.00]**27.00	**352.00**	**352.00**	**352.00**
08	**Pharmaceutical**					
DA0810	**Medication Fee – Facility Fee**	Prescription		**[31.00]**33.00	**[31.00]**33.00	**[38.00]**40.00
DA0815	Item Fee	Item	**Varies**			
DA0816	Pharmaceutical-TTO	Item	**Varies**			
DA0817	Pharmaceutical- Chronic	Item	**Varies**			
DA0818	Pharmaceutical- Oncology	Item	**Varies**			
DA0819	Pharmaceutical- Immune Suppressant Drugs	Item	**Varies**			
DA0820	Pharmaceutical Flat Fee-OPD	Item	**Varies**			
DA0825	Pharmaceutical Flat Fee-IP	Item	**Varies**			
09	**Oral Health**					
DA0910	**Oral Care Cat A – Facility Fee**	Procedure		**[26.00]**28.00	**[26.00]**28.00	**[31.00]**33.00
DA0911	Oral Care Cat A – General practitioner	Procedure	**[42.00]**38.00	**66.00**	**66.00**	**71.00**
DA0912	Oral Care Cat A – Specialist practitioner	Procedure	**[36.00]**45.00	**73.00**	**73.00**	**78.00**
DA0914	Oral Care Cat A – Allied health practitioner	Procedure	**[31.00]**33.00	**61.00**	**61.00**	**66.00**
DA0920	**Oral Care Cat B – Facility Fee**	Procedure		**[87.00]**92.00	**[83.00]**88.00	**[93.00]**99.00
DA0921	Oral Care Cat B – General practitioner	Procedure	**[83.00]**88.00	**180.00**	**176.00**	**187.00**
DA0922	Oral Health Cat B – Specialist practitioner	Procedure	**[131.00]**139.00	**231.00**	**227.00**	**238.00**
DA0924	Oral Care Cat B – Allied health practitioner	Procedure	**[67.00]**71.00	**163.00**	**159.00**	**170.00**
DA0930	**Oral Care Cat C – Facility Fee**	Procedure		**[498.00]**528.00	**[498.00]**528.00	**[572.00]**606.00
DA0931	Oral Care Cat C – General practitioner	Procedure	**[501.00]**531.00	**1059.00**	**1059.00**	**1137.00**
DA0932	Oral Care Cat C – Specialist practitioner	Procedure	**[860.00]**913.00	**1441.00**	**1441.00**	**1519.00**
DA0940	**Oral Care Cat D – Facility Fee**	Procedure		**[1960.00]**2082.00	**[1960.00]**2078.00	**[2242.00]**2377.00
DA0941	Oral Care Cat D – General practitioner	Procedure	**[1538.00]**1630.00	**3712.00**	**3708.00**	**4007.00**
DA0942	Oral Care Cat D – Specialist practitioner	Procedure	**[3155.00]**3344.00	**5426.00**	**5422.00**	**5721.00**
DA0950	**Oral Care Cat E – Facility Fee**	Procedure		**[6601.00]**6997.00	**[6601.00]**6997.00	**[7544.00]**7997.00
DA0951	Oral Care Cat E – General practitioner	Procedure	**[5171.00]**5481.00	**12478.00**	**12478.00**	**13478.00**
DA0952	Oral Care Cat E – Specialist practitioner	Procedure	**[10610.00]**11247.00	**18244.00**	**18244.00**	**19244.00**
10	**Consultations**					

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DA1010	**Outpatient Consultation – Facility Fee**	Visit		**[87.00]**92.00	**[87.00]**92.00	**[107.00]**113.00
DA1011	Outpatient Consultation – General medical practitioner	Visit	**[88.00]**93.00	**185.00**	**185.00**	**206.00**
DA1012	Outpatient Consultation – Specialist medical practitioner	Visit	**[204.00]**216.00	**308.00**	**308.00**	**329.00**
DA1013	Outpatient Consultation – Nursing practitioner	Visit	**[51.00]**54.00	**146.00**	**146.00**	**167.00**
DA1014	Outpatient Consultation – Allied health practitioner	Visit	**[53.00]**56.00			
DA1020	**Emergency Consultation – Facility Fee**	Visit		**[178.00]**189.00	**[178.00]**189.00	**[211.00]**224.00
DA1021	Emergency Consultation – General medical practitioner	Visit	**[133.00]**141.00	**330.00**	**330.00**	**365.00**
DA1022	Emergency Consultation – Specialist medical practitioner	Visit	**[305.00]**324.00	**513.00**	**513.00**	**548.00**
DA1023	Emergency Consultation – Nursing practitioner	Visit	**[77.00]**82.00	**271.00**	**271.00**	**306.00**
DA1024	Emergency Consultation – Allied health practitioner	Visit	**[79.00]**84.00	**273.00**	**273.00**	**308.00**
11	**Minor Theatre Procedures**					
DA1110	**Minor Procedure Cat A – Facility Fee**	Procedure		**[415.00]**440.00	**[415.00]**440.00	**[497.00]**527.00
DA1111	Minor Procedure Cat A – General medical practitioner	Procedure	**[131.00]**139.00	**579.00**	**579.00**	**666.00**
DA1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	**[251.00]**266.00	**706.00**	**706.00**	**793.00**
DA1120	**Minor Procedure Cat B – Facility Fee**	Procedure		**[415.00]**440.00	**[415.00]**440.00	**[497.00]**527.00
DA1121	Minor Procedure Cat B – General medical practitioner	Procedure	**[193.00]**205.00	**645.00**	**645.00**	**732.00**
DA1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	**[437.00]**463.00	**903.00**	**903.00**	**990.00**
DA1130	**Minor Procedure Cat C – Facility Fee**	Procedure		**[415.00]**440.00	**[415.00]**440.00	**[497.00]**527.00
DA1131	Minor Procedure Cat C – General medical practitioner	Procedure	**[304.00]**322.00	**762.00**	**762.00**	**849.00**
DA1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	**[683.00]**724.00	**1164.00**	**1164.00**	**1251.00**
DA1140	**Minor Procedure Cat D – Facility Fee**	Procedure		**[415.00]**440.00	**[415.00]**440.00	**[497.00]**527.00
DA1141	Minor Procedure Cat D – General medical practitioner	Procedure	**[803.00]**851.00	**1291.00**	**1291.00**	**1378.00**
DA1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	**[1810.00]**1919.00	**2359.00**	**2359.00**	**2446.00**
12	**Major Theatre Procedures**					
DA1210	**Theatre Procedure Cat A – Facility Fee**	Procedure		**[1339.00]**1419.00	**[1963.00]**2081.00	**[2264.00]**2400.00
DA1211	Theatre Procedure Cat A – General medical practitioner	Procedure	**[131.00]**139.00	**1558.00**	**2220.00**	**2539.00**
DA1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	**[251.00]**266.00	**1685.00**	**2347.00**	**2666.00**
DA1220	**Theatre Procedure Cat B –**	Procedure		**[2030.00]**2152.00	**[2976.00]**3155.00	**[3429.00]**3835.00

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	Facility Fee					
DA1221	Theatre Procedure Cat B – General medical practitioner	Procedure	**[193.00]**205.00	**2357.00**	**3360.00**	**4040.00**
DA1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	**[437.00]**463.00	**2615.00**	**3618.00**	**4298.00**
DA1230	**Theatre Procedure Cat C – Facility Fee**	Procedure		**[3482.00]**3691.00	**[5114.00]**5421.00	**[5902.00]**6256.00
DA1231	Theatre Procedure Cat C – General medical practitioner	Procedure	**[304.00]**322.00	**4013.00**	**5743.00**	**6578.00**
DA1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	**[683.00]**724.00	**4415.00**	**6145.00**	**6980.00**
DA1240	**Theatre Procedure Cat D – Facility Fee**	Procedure		**[8936.00]**9472.00	**[13108.00]**13894.00	**[15108.00]**16014.00
DA1241	Theatre Procedure Cat D – General medical practitioner	Procedure	**[803.00]**851.00			
DA1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	**[1810.00]**1919.00	**10323.00**	**14745.00**	**16865.00**
13	**Treatments**					
DA1310	**Supplementary Health Treatment – Facility Fee**	Contact		**[59.00]**63.00	**[59.00]**63.00	**[66.00]**70.00
DA1313	Supplementary health treatment-Nursing Practitioner	Contact	**[44.00]**47.00	**110.00**	**110.00**	**117.00**
DA1314	Supplementary Health Treatment – Allied health practitioner	Contact	**[44.00]**47.00	**110.00**	**110.00**	**117.00**
DA1320	**Supplementary Health Group Treatment – Facility Fee**	Contact		**[43.00]**46.00	**[43.00]**46.00	**[47.00]**50.00
DA1324	Supplementary Health Group Treatment – Allied practitioner	Contact	**[31.00]**33.00	**79.00**	**79.00**	**83.00**
15	**Assistive Devices & Prosthesis**					
DA1510	Assistive Devices-Item Fee	Item	Varies			
DA1520	Prosthetic Devices-Item Fee	Item	Varies			
DA1530	Dental Items -Item Fee	Item	Varies			
DA1540	Repairs of devices items	Item	Varies			
16	**Cosmetic Surgery**					
DA1610	**Cosmetic Surgery Cat A – Facility Fee**	Procedure		**[2819.00]**2988.00	**[2819.00]**2988.00	**[3220.00]**3413.00
DA1611	Cosmetic Surgery Cat A – General practitioner	Procedure	**[1478.00]**1567.00	**4555.00**	**4555.00**	**4980.00**
DA1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	**[2214.00]**2347.00	**5335.00**	**5335.00**	**5760.00**
DA1620	**Cosmetic Surgery Cat B – Facility Fee**	Procedure		**[6346.00]**6724.00	**[6343.00]**6724.00	**[7250.00]**7685.00
DA1621	Cosmetic Surgery Cat B – General practitioner	Procedure	**[1752.00]**1857.00	**8581.00**	**8581.00**	**9542.00**
DA1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	**[2627.00]**2785.00	**9509.00**	**9509.00**	**10470.00**
DA1630	**Cosmetic Surgery – Cat C – Facility Fee**	Procedure		**[10245.00]**10860.00	**[10245.00]**10860.00	**[11708.00]**12410.00
DA1631	Cosmetic Surgery Cat C – General practitioner	Procedure	**[2961.00]**3139.00	**13999.00**	**13999.00**	**15549.00**
DA1632	Cosmetic Surgery Cat C –	Procedure	**[4441.00]**4707.00	**15567.00**	**15567.00**	**17117.00**

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	Specialist practitioner					
DA1640	**Cosmetic Surgery Cat D – Facility Fee**	Procedure		**[17302.00]**18340.00	**[17302.00]**18340.00	**[19774.00]**20960.00
DA1641	Cosmetic Surgery Cat D – General practitioner	Procedure	**[3322.00]**3521.00	**21861.00**	**21861.00**	**24481.00**
DA1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	**[4888.00]**5181.00	**23521.00**	**23521.00**	**26141.00**
17	**Laboratory Services**					
DA1700	Drawing of Blood	Contact		**[36.00]**38.00	**[36.00]**38.00	**[36.00]**38.00
DA1710	Laboratory Test	Varies				
18	**Radiation Oncology**					
DA1800	Radiation Oncology(NHRPL less VAT)	Item				
19	**Nuclear Medicines**					
DA1900	Itemisation of Isotopes	Item				
DA1910	**Nuclear Medicines Cat A-Facility Fee**	Procedure		**[632.00]**670.00	**[632.00]**670.00	**[632.00]**670.00
DA1912	Nuclear medicine Cat A-Specialist Practitioner	Procedure	**[286.00]**303.00	**973.00**	**973.00**	**973.00**
DA1920	**Nuclear Medicines Cat B-Facility Fee**	Procedure		**[632.00]**670.00	**[632.00]**670.00	**[632.00]**670.00
DA1922	Nuclear medicine Cat B-Specialist Practitioner	Procedure	**[861.00]**913.00	**1583.00**	**1583.00**	**1583.00**
DA1930	**Nuclear Medicines Cat C-Facility Fee**	Procedure		**[632.00]**670.00	**[632.00]**670.00	**[632.00]**670.00
DA1932	Nuclear medicine Cat C-Specialist Practitioner	Procedure	**[1722.00]**1825.00	**2495.00**	**2495.00**	**2495.00**
DA1940	**Nuclear Medicines Cat D-Facility Fee**	Procedure		**[632.00]**670.00	**[632.00]**670.00	**[632.00]**670.00
DA1942	Nuclear medicine Cat D-Specialist Practitioner	Procedure	**[2583.00]**2738.00	**3408.00**	**3408.00**	**3408.00**
DA1950	**Positron Emission Tomography(PET) Cat E-facility Fee**	Procedure		**[6144.00]**6513.00	**[6144.00]**6513.00	**[6144.00]**6513.00
DA1952	Positron Emission Tomography(PET) Cat E-Specialist Practitioner	Procedure	**[2793.00]**2961.00	**9474.00**	**9474.00**	**9474.00**
20	**Ambulatory Procedures**					
DA2010	**Ambulatory Procedures Cat A-Facility Fee**	Procedure		**[133.00]**141.00	**[133.00]**141.00	**[162.00]**172.00
DA2011	Ambulatory Procedure Cat A-General Medical Practitioner	Procedure	**[43.00]**46.00	**187.00**	**187.00**	**218.00**
DA2012	Ambulatory Procedure Cat A-Specialist Medical Practitioner	Procedure	**[87.00]**92.00	**233.00**	**233.00**	**264.00**
DA2013	Ambulatory Procedure Cat A-Nursing Practitioner	Procedure	**[25.00]**27.00	**168.00**	**168.00**	**199.00**
DA2014	Ambulatory Procedure Cat A-Allied Health Worker	Procedure	**[25.00]**27.00	**168.00**	**168.00**	**199.00**
DA2020	**Ambulatory Procedures Cat B-Facility Fee**	Procedure		**[133.00]**141.00	**[133.00]**141.00	**[162.00]**172.00
DA2021	Ambulatory Procedure Cat B-General Medical Practitioner	Procedure	**[62.00]**66.00	**207.00**	**207.00**	**238.00**
DA2022	Ambulatory Procedure Cat B-Specialist Medical Practitioner	Procedure	**[95.00]**101.00	**242.00**	**242.00**	**273.00**
DA2023	Ambulatory Procedure Cat B-Nursing Practitioner	Procedure	**[36.00]**38.00	**179.99**	**179.99**	**210.00**
DA2024	Ambulatory Procedure Cat B-Allied Health Worker	Procedure	**[36.00]**38.00	**179.99**	**179.99**	**210.00**
21	**Blood and Blood Products**					
DA2100	Blood and Blood Products	Varies				

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22	**Hyperbaric Oxygen Therapy**					
DA2210	**Hyperbaric Oxygen Therapy-Facility Fee**	Session		**[1389.00]**1472.00	**[1389.00]**1472.00	**[1389.00]**1472.00
DA2211	Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	**[534.00]**566.00	**2038.00**	**2038.00**	**2038.00**
DA2212	Hyperbaric Oxygen Therapy-Specialist Medical practitioner	Session	**[534.00]**566.00	**2038.00**	**2038.00**	**2038.00**
DA2220	**Emergency Hyperbaric Oxygen Therapy-Facility Fee**	Session		**[1402.00]**1486.00	**[1402.00]**1486.00	**[1402.00]**1486.00
DA2221	Emergency Hyperbaric Oxygen Therapy-General Medical Practitioner	Session	**[778.00]**825.00	**2311.00**	**2311.00**	**2311.00**
DA2222	Emergency Hyperbaric Oxygen Therapy-Specialist Medical Practitioner	Session	**[778.00]**825.00	**2311.00**	**2311.00**	**2311.00**
23	**Consumables (Not included in Facility Fee)**					
DA2300	Consumables(Not included in Facility Fee)	Item	Varies			
24	**Autopsies**					
DA2410	**Autopsy-Facility Fee**	Per Case		**[87.00]**92.00	**[87.00]**92.00	**[107.00]**113.00
DA2411	Autopsy-General Practitioner	Per Case	**[88.00]**93.00	**185.00**	**185.00**	**206.00**
DA2412	Autopsy-Specialist Practitioner	Per Case	**[204.00]**216.00	**308.00**	**308.00**	**329.00**".

Application of Regulations

7. The provisions of these Regulations shall not apply to a person—

(a) who is an in-patient on the day that precedes the implementation of the revised tariffs; or

(b) whose admission and classification as an in-patient had been approved before the implementation of the revised tariffs.

Short title and commencement

8. These Regulations are called the Revision of Uniform Patient Fee Schedule relating to the Classification of and Fees Payable by Patients at Provincial Hospitals, 2016, and comes in operation on 1 April 2016.

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NOTICE 504 OF 2016

GAUTENG DEPARTMENT OF HEALTH

HOSPITALS ORDINANCE, 1958
(ORDINANCE NO.14 OF 1958)

REVISION OF THE UNIFORM PATIENT FEE SCHEDULE RELATING TO AMBULANCES, 2016

The Member of Executive Council responsible for health in the Gauteng Province has, in terms of sections 9 and 76 of the Hospitals Ordinance,1958 (Ordinance No. 14 of 1958), made the Regulations in the Schedule.

SCHEDULE

GENERAL EXPLANATORY NOTE:

[ ] Words in bold type in square brackets indicate omissions from existing enactments.

_____ Words underlined indicate insertions in existing enactments.

Definition

1. In these Regulations, unless the context otherwise indicates, "the Regulations" means the Ambulances Regulations and Tariffs, 1958 published under Administrator's Notice No. 646 of 1958, as amended by Administrator's Notice No. 252 of 1993, General Notices Nos. 7560 of 1999, 2584 of 2002, 2982 of 2002, 657 of 2003, 461 of 2005, 4859 of 2005, 3008 of 2007, 3022 of 2008, 2789 of 2009, 3774 of 2009, 1502 of 2010, 1954 of 2010, 1002 of 2011, 838 of 2012, 925 of 2013,1028 of 2014, Provincial Notice No. 161 of 2015 and General Notice No. 1665 of 2015.

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Amendment of regulation 8 of the Regulations

2. Regulation 8 of the Regulations is hereby amended—

(a) by the substitution for subregulations (1) and (2) of the following subregulations, respectively:

"(1) Patient transport vehicle:

Per 100km or part thereof, per patient, calculated from the point where the patient is collected to the destination.

Classification category	*Facility fee*	*UPFS code*
HG	Exempted	—
HW	R194,00	1410
H0	Free	—
H1	R10,00	1410
H2	R30,00	1410
PG	Exempted	—
H3	**[R218.00]** R232,00	1410
P and PH	**[R338,00]** R358,00	1410

(2) Ambulance transport:

Per 50km or part thereof, per patient, calculated from the point where the patient is collected to the destination.

Classification category and service	*Facility fee*	*UPFS code*
HG	Exempted	—
HW : Basic life support	R530,00	1420
Intermediate life support	R716,00	1430
Advanced life support	R1189,00	1440
H0	Free	—
H1 : Basic life support	R25,00	1420
Intermediate life support	R35,00	1430
Advanced life support	R60,00	1440
H2 : Basic life support	R80,00	1420
Intermediate life support	R105,00	1430
Advanced life support	R180,00	1440
PG	Exempted	—
H3: Basic life support	**[R595,00]** R631,00	1420
Intermediate life support	**[R804,00]** R852,00	1430
Advanced life support	**[R1336,00]** R1415,00	1440
P and PH: Basic life support	**[R922,00]** R977,00	1420
Intermediate life support	**[R1246,00]** R1321,00	1430
Advanced life support	**[R2074,00]** R2198,00	1440"; and

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(b) by the substitution for subregulations (4) and (5) of the following subregulations, respectively:

"(4) Emergency standby service:

Per hour or part thereof, calculated from the time of arrival at to the time of departure from the point of standby service.

Service	*Facility fee*	*Professional fee*	*UPFS code*
H3: Emergency standby.....	**[R175,00]** R186,00		1450
Additional charge for service provided by—			
General medical practitioner		**[R252,00]** R267,00	1451
Specialist medical practitioner		**[R473,00]** R501,00	1452
Nursing practitioner		**[R169,00]** R179,00	1453
Basic life support practitioner		**[R88,00]** R93,00	1455
Intermediate life support practitioner.....		**[R109,00]** R116,00	1456
Advanced life support practitioner.....		**[R233,00]** R247,00	1457
P and PH: Emergency standby.....	**[R447,00]** R474,00		1450
Additional charge for service provided by—			
General medical practitioner		**[R600,00]** R636,00	1451
Specialist medical practitioner		**[R808,00]** R857,00	1452
Nursing practitioner		**[R341,00]** R362,00	1453
Basic life support practitioner		**[R141,00]** R150,00	1455
Intermediate life support practitioner.....		**[R215,00]** R228,00	1456
Advanced life support practitioner.....		**[R377,00]** R400,00	1457

(5) Medical rescue service:

Per incident.

Classification category and service	*Facility fee*	*Professional fee*	*UPFS code*
HG: all services.....	Exempted	Exempted	—
HW: Rescue services.....	R567, 00		1460
Additional charge for services by—			
General medical practitioner		R850,00	1461
Specialist medical practitioner		R1275,00	1462
Nursing practitioner		R567,00	1463
Allied health practitioner		R567,00	1464
H0: All services	Free	Free	—
H1: Rescue services.....	R30,00		1460
Additional charge for services by—			
General medical practitioner		R40,00	1461
Specialist medical practitioner		R65, 00	1462
Nursing practitioner		R30,00	1463
Allied health practitioner		R30,00	1464
H2: Rescue services.....	R85,00		
Additional charge for services by—			
General medical practitioner		R125,00	1461
Specialist medical practitioner		R190,00	1462

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Nursing practitioner		R85,00	1463
Allied health practitioner		R85,00	1464
PG: All services	Exempted	Exempted	
H3: Rescue services.....	**[R299,00]** R317,00		1460
Additional charge for services by—			
General medical practitioner		**[R307,00]** R325,00	1461
Specialist medical practitioner		**[R626,00]** R664,00	1462
Nursing practitioner		**[R226.00]** R240,00	1463
Basic life support practitioner		**[R123.00]** R130,00	1465
Intermediate life support practitioner.....		**[R148.00]** R157,00	1466
Advanced life support practitioner.....		**[R336.00]** R356,00	1467
Emergency transport air services fixed wing...	**[R1336,00]** R1416,00		1470
Emergency transport air services helicopter....	**[R1336,00]** R1416,00		1480
Emergency service standby-Facility Fee.....	**[R120,00]** R127,00		1490
P and PH: Rescue services.....	**[R987,00]** R1046,00		1460
Additional charge for services by—			
General medical practitioner		**[R1480,00]** R1569,00	1461
Specialist medical practitioner		**[R2219,00]** R2352,00	1462
Nursing practitioner		**[R987.00]** R1046,00	1463
Basic life support practitioner		**[R151.00]** R160,00	1465
Intermediate life support practitioner.....		**[R180.00]** R191,00	1466
Advanced life support practitioner.....		**[R411.00]** R436,00	1467
Emergency transport air services fixed wing...	**[R9086,00]** R9631,00		1470
Emergency transport air services helicopter....	**[R9978,00]** R10577,00		1480
Emergency service standby-Facility Fee.....	**[R218,00]** R231,00		1490".

Short title and commencement

3. These Regulations are called the Revision of Uniform Patient Fee Schedule relating to Ambulances, 2016, and come into operation on 1 April 2016. .

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NOTICE 505 OF 2016

GAUTENG DEPARTMENT OF HEALTH

HOSPITALS ORDINANCE, 1958
(ORDINANCE NO.14 OF 1958)

REVISION OF UNIFORM PATIENT FEE SCHEDULE RELATING TO HOSPITAL MORTUARY, 2016

The Member of Executive Council responsible for health in the Gauteng Province has, in terms of sections 9 and 76 of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958), made the Regulations in the Schedule.

SCHEDULE

GENERAL EXPLANATORY NOTE:

[ ] Words in bold type in square brackets indicate omissions from existing enactments.

_____ Words underlined indicate insertions in existing enactments.

Definition

1. In these Regulations, unless the context otherwise indicates, "the Regulations" means the Hospital Mortuary Regulations, 1968, published under Administrator's Notice No. 372 of 1968 (3 April 1968), as amended by Administrator's Notice No. 251 of 1993, General Notices Nos. 2585 of 2002, 2981 of 2002, 658 of 2003,

462 of 2005, Provincial Notice No. 3009 of 2007, General Notices Nos. 3023 of 2008, 2790 of 2009, 3775 of 2009, 1501 of 2010, 1955 of 2010, 1003 of 2011, 837 of 2012, 926 of 2013, 1029 of 2014, Provincial Notice No. 159 of 2015 and General Notice No. 1666 of 2015.

Amendment of regulation 3 of the Regulations

2. Regulation 3 of the Regulations is hereby amended—

(a) by the substitution in subregulation (1) for paragraphs *(a)* and *(b)* of the following paragraphs:

"*(a)* Level 1 and level 2 hospital**: [R163.00]** R173.00 (UPFS code 0710); and

(b) Level 3 hospital: **[R186.00]** R197.00 (UPFS code 0710)."; and

(b) by the substitution in subregulation (3)(*a*) for subparagraphs (i) and (ii) of the following subparagraphs:

"(i) Level 1 and level 2 hospitals**: [R163.00]** R173.00 (UPFS code 0710); and

(ii) Level 3 hospital: **[R186.00]** R197.00 (UPFS code 0710).".

Amendment of regulation 4 of the Regulations

3. Regulation 4 of the Regulations is hereby amended by the substitution in subregulation (1) for paragraphs *(a)* and *(b)* of the following paragraphs:

"*(a)* Level 1 and level 2 hospital: **[R163.00]** R173.00 (UPFS code 0720); and

(b) Level 3 hospital: **[R186.00]** R197.00 (UPFS code 0720).".

Short title and commencement

4. These Regulations are called the Revision of Uniform Patient Fee Schedule relating to Hospital Mortuary, 2016, and come into operation on 1 April 2016.

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